



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

Child and Family Services Review Summary of Findings

CONNECTICUT

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**U.S. Department of Health and Human Services
Administration for Children and Families
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EXECUTIVE SUMMARY

Child and Family Services Review

CONNECTICUT

The Child and Family Services Review (CFSR) assesses State performance during a specified time period with respect to seven child welfare outcomes in the areas of safety, permanency, and well-being and with respect to seven systemic factors. The assessment is based on information from the following sources:

- The Statewide Assessment prepared by the State child welfare agency – the Department of Children and Families (DCF);
- The State Data Profile prepared by the Children’s Bureau of the U.S. Department of Health and Human Services;
- Reviews of 50 cases from three counties in the State; and
- Interviews or focus groups (conducted at all three counties and the State capital) with a wide range of stakeholders including children, parents, foster parents, various levels of State and local DCF personnel, collaborating agency personnel, school personnel, mental health providers, court personnel, legislators, and attorneys.

Review results determined Connecticut’s child welfare programs to be in substantial conformity with Child Well-Being Outcome 2—Children receive appropriate services to meet their educational needs, with 90 percent of the cases reviewed reported to have substantially achieved this outcome. The State also met the national standards for measures relating to foster care re-entries and the stability of foster care placements. In addition, the following individual items assessed for the seven outcomes were rated as a Strength:

- Initiating investigations to child maltreatment reports in a timely manner and consistent with agency policy guidelines (item 1).
- Providing services to families to protect children in their homes and prevent removal (item 3).
- Addressing the issue of risk of harm to children (item 4).
- Placing children in close proximity to their biological families (item 11) and with their siblings (item 12) when possible and in the children's best interest.
- Preserving other cultural, familial and community connections (item 14) and promoting relationships between children in foster care and their parents (item 16).
- Conducting regular visits with children to assess their needs and progress with respect to the case plan (item 19).
- Ensuring that children receive appropriate services to meet their educational needs (item 21).

However, the State did not achieve substantial conformity with six of the seven remaining safety, permanency, and well-being outcomes. The State also did not meet national standards for measures relating to repeat maltreatment, maltreatment of children in foster care, the length of time to achieve reunification, or the length of time to achieve adoption. The most significant concern with regard to outcomes is the State’s inconsistency in achieving permanency for children in foster care. For example, Permanency

Outcome 1—Children have permanency and stability in their living situations—was found to be substantially achieved in only 50 percent of the foster care cases reviewed. Key areas assessed as part of this outcome pertain to the appropriateness of the permanency goal for children (item 7); attainment of permanency through reunification, guardianship, or permanent placement with relative (item 8); or attainment of permanency through adoption (item 9).

Another area of concern related to Child and Family Well Being Outcome 1—Families have enhanced capacity to provide for their children’s needs. During the case review only 66 percent of the cases were found to have substantially achieved this outcome, which included assessments of whether children and families received needed services (item 17), children and families were involved in case planning (item 18), and the frequency of caseworker visits with children and parents (items 19 and 20). The State also did not achieve substantial conformity with Child and Family Well-Being Outcome 3—Children receive adequate services to meet their physical and mental health needs—with only 71.5 percent of the cases reported to have substantially achieved that outcome.

With respect to the seven systemic factors, the CFSR process determined that the State was found to be in substantial conformity with regard to the quality assurance system, the training efforts for child welfare staff and child caregivers, the array of services available to families, and foster and adoptive parent licensing, recruitment, and retention . However, the State was not in substantial conformity with factors pertaining to the Statewide information system, case review system, and agency responsiveness to the community.

The following is a summary of the CFSR findings regarding specific outcomes and systemic factors.

KEY FINDINGS RELATED TO OUTCOMES

I. SAFETY

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

Status of Safety Outcome S1 – Not in Substantial Conformity

Connecticut did not achieve substantial conformity with Safety Outcome 1. Although in 91.1 percent of the cases, reviewers determined that this outcome had been substantially achieved, the State did not meet the national standard for either repeat maltreatment or maltreatment of children in foster care. A summary of the findings for specific items assessed under this outcome is presented below.

Item 1. Timeliness of initiating investigations of reports of child maltreatment

Item 1 was assigned an overall rating of Strength because reviewers determined that in 89 percent of the applicable cases DCF responded to reports in a timely manner.

Item 2. Repeat maltreatment

Item 2 was assigned an overall rating of Area Needing Improvement for the following reasons:

- The incidence of repeat maltreatment reported in the State Data Profile was 11.4 percent, which exceeds the national standard of 6.5 percent. (although repeat maltreatment is measured in a different way in the State Data Profile than in the onsite case review).
- There was repeat maltreatment in 3 of the 15 cases in which there was at least one substantiated maltreatment during the period under review.

This finding is consistent with data from the Statewide Assessment indicating that DCF's analysis of additional available data resulted in a finding of a 10.8 percent rate of recurrence of maltreatment within a 6-month period.

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Status of Safety Outcome S2 – Not in Substantial Conformity

Connecticut did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 87 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.

Item 3. Services to family to protect child(ren) in home and prevent removal

Item 3 was assigned an overall rating of Strength because in 87.5 percent of the cases, reviewers determined that the agency had made diligent efforts to maintain children safely in their homes. This finding is consistent with information reported in the Statewide Assessment indicating that since 1998, the rate of children entering care as the result of an investigation has been consistently lower than 12 percent and was down to 8.5 percent in 2000. A current initiative that is being implemented Statewide, called KidCare, is designed to promote family stability by providing access to behavioral health interventions as soon as a need is identified.

Item 4. Risk of harm to child

Item 4 was assigned an overall rating of Strength because reviewers determined that in 87 percent of the cases, DCF made sufficient efforts to reduce risk of harm to children.

II. PERMANENCY

Outcome P1: Children have permanency and stability in their living situations.

Status of Permanency Outcome 1 – Not in Substantial Conformity

Connecticut did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following:

- Although the State met the national standards for foster care re-entries and stability of foster care placements, the State did not meet the national standards for reunifications within 12 months of entry into foster care and adoptions within 24 months of entry into foster care.
- Only 50 percent of the cases reviewed were rated as having substantially achieved Permanency Outcome 1, which is less than the 90 percent required for substantial conformity.

A summary of the findings for specific items assessed under this outcome is presented below.

Item 5. Foster care re-entries

Although the State's incidence of foster care re-entry of 6.0 percent meets the national standard of 8.6 percent, item 5 was assigned an overall rating of Area Needing Improvement. This is based on the finding that whereas in 40 percent of the 5 applicable cases children did not re-enter foster care within 12 months of discharge from a prior foster care episode, in 60 percent of the applicable cases, children did re-enter care during that time period.

Item 6. Stability of foster care placement

Item 6 was assigned an overall rating of Area Needing Improvement. In 73 percent of the cases, children were found to have stability in their foster care placements. However in 27 percent of the cases, reviewers determined that children did not have placement stability and/or that placement changes were not for the purpose of meeting children's needs. Although the State Data Profile indicates that 92.8 percent of children in foster care in the State for 12 months or less during FY 2000 had no more than two placement settings (which meets the national standard of 86.7 percent), this statistic reflects a different measure of stability than the assessment used during the case review process.

Item 7. Permanency goal for child

Item 7 was assigned an overall rating of Area Needing Improvement. In 73 percent of the cases, appropriate permanency goals were established in a timely manner. Concerns were raised in 27 percent of the cases, however, where reviewers determined that DCF had not established appropriate permanency goals for children in a timely manner.

Item 8. Reunification, Guardianship or Permanent Placement with Relatives

This item was assigned an overall rating of Area Needing Improvement based on the following:

- According to the State Data Profile, the State's percentage for reunifications occurring within 12 months of entry into care is 55.1 percent, which does not meet the national standard of 76.2 percent.
- In 64 percent of the applicable cases, reviewers found that diligent efforts to bring about permanency had been made. In 36 percent (5) of the 14 applicable cases, however, reviewers rated this item as an Area Needing Improvement because they determined that the agency had not made diligent efforts to bring about permanency for children with a goal of reunification, permanent placement with relatives, or guardianship.

The primary issue observed during the case review process was that timely attainment of guardianships was problematic. For most of the cases in which the goal was reunification, reviewers noted that DCF workers were effective in their efforts to achieve timely permanency.

Item 9. Adoption

Item 9 was assigned an overall rating of Area Needing Improvement based on the following:

- In 50 percent of the applicable cases, reviewers determined that the agency was engaging in sufficient efforts to finalize adoptions for children in foster care. In the remaining 50 percent, however, it was determined that the agency was not engaging in sufficient efforts to achieve finalized adoptions for children in foster care.
- The State Data Profile indicates that the percentage of finalized adoptions in FY 2000 that occurred within 24 months of removal from home (6.5%) is less than the National standard of 32.0.

According to the Statewide Assessment, although exits to adoption are on the rise, the time to achieve this goal also is increasing.

Item 10. Permanency goal of other planned permanent living arrangement

Item 10 was assigned an overall rating of Area Needing Improvement. Although in 75 percent (6) of the 8 applicable cases, reviewers determined that DCF made concerted efforts to explore alternative permanency options, in 25 percent (2) of the 8 applicable cases, reviewers determined that these efforts had not been made.

Outcome P2: The continuity of family relationships and connections is preserved for children.

Status of Permanency Outcome 2 – Not in Substantial Conformity

Connecticut did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in only 80.8 percent of the cases, which is less than the 90 percent required for substantial conformity. Although the State did not achieve substantial conformity with this outcome, there were many strengths

identified in the performance indicators related to this outcome. A summary of findings for specific items assessed relevant to this outcome is presented below.

Item 11. Proximity of foster care placement

Item 11 was assigned an overall rating of Strength because in 96 percent of the applicable cases, reviewers determined that children had been placed in foster care homes that were in close proximity to their parents or, when children were placed far away from parents, the placement was necessary to meet the special needs of the child.

Item 12. Placement with siblings

Item 12 was assigned an overall rating of Strength based on the finding that in 87.5 percent of the cases, siblings were either placed together or there was a justifiable reason for their separation.

Item 13. Visiting with parents and siblings in foster care

Item 13 was assigned an overall rating of Area Needing Improvement. In 72 percent of the applicable cases reviewers determined that the agency had made diligent efforts to facilitate visits between the child and his or her parents and siblings. There were concerns, however, because in 28 percent of the applicable cases reviewers determined that DCF had not made, or was not making, concerted efforts to facilitate visitation, particularly between siblings in foster care.

Item 14. Preserving connections

Item 14 was assigned an overall rating of Strength because in 92 percent of the cases, reviewers determined that children's connections to family and community, particularly to their biological families, were maintained.

Item 15. Relative placement

Item 15 was assigned an overall rating of Area Needing Improvement. In 78 percent of the cases, reviewers determined that efforts to locate and assess relatives as potential placement resources had been made. Concerns were raised in 22 percent of the cases because the agency had not made diligent efforts to locate and assess relatives as potential placement resources. In particular, insufficient efforts were found with regard to seeking appropriate paternal relatives as placement resources.

Item 16. Relationship of child in care with parents

Item 16 was assigned an overall rating of Strength because in 90 percent of the cases, reviewers determined that the agency had made sufficient efforts to support or maintain the bond between parents and their children while the children were in foster care.

III. WELL-BEING

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Status of Well-Being Outcome 1 – Not in Substantial Conformity

Connecticut did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in only 66 percent of the cases reviewed, which is less than the 90 percent required for a determination of substantial conformity. A general finding of the CFSR process with regard to this outcome was that DCF practice was inconsistent with regard to the involvement of fathers in terms of services, case planning, and visitation. A summary of findings for specific items assessed as relevant to this outcome is presented below.

Item 17. Needs and services of child, parents, foster parents

Item 17 was assigned an overall rating of Area Needing Improvement because although in 70 percent of the cases, reviewers determined that the needs and services of children, parents, and/or foster parents were adequately addressed, in 30 percent, it was determined that they had not been, or were not being, adequately addressed by DCF.

Item 18. Child and family involvement in case planning

Item 18 was assigned an overall rating of Area Needing Improvement. While in 62 percent of the applicable cases, DCF appropriately involved parents or children in case planning, it was found that in 38 percent of the applicable cases, parents or children had not been appropriately involved in the case planning process. This finding and stakeholder comments indicate that there is an inconsistency in DCF regarding caseworkers' compliance with the policy requirements pertaining to parent involvement in case planning.

Item 19. Worker visits with child

Item 19 was assigned an overall rating of Strength because in 87 percent of the cases, reviewers determined that the frequency of caseworker visits with children was sufficient to ensure adequate monitoring of the child's safety and well-being.

Item 20. Worker visits with parents

This item was assigned an overall rating of Area Needing Improvement. In 78 percent of the applicable cases, reviewers determined that the frequency of workers' visits with parents was sufficient to ensure children's safety and well being. However in 22 percent of the cases, reviewers determined that visits with parents were not sufficiently frequent or of sufficient quality to promote the safety and well-being of the child or increase movement toward permanency for the child.

Outcome WB2: Children receive appropriate services to meet their educational needs.

Status of Well-Being Outcome WB2 – Substantial Conformity

Connecticut achieved substantial conformity with Well-Being Outcome 2. This determination is based on the finding that 90 percent of the cases reviewed were found to have substantially achieved this outcome, which meets the requirement for substantial conformity. A summary of findings for the specific item assessed as relevant to this outcome is presented below.

Item 21. Educational needs of the child.

Item 21 was assigned an overall rating of Strength because for 90 percent of the cases, reviewers determined that the educational needs of children were effectively and appropriately addressed.

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Status Of Well-Being Outcome 3 - Not in Substantial Conformity

Connecticut did not achieve substantial conformity with Well-Being Outcome 3 because the outcome was rated as substantially achieved in only 71.5 percent of the applicable cases, which is less than the 90 percent required for a determination of substantial conformity. A summary of findings for specific items assessed as relevant to this outcome is presented below.

Item 22. Physical health of the child

Item 22 was assigned an overall rating of Area Needing Improvement. Although in 84 percent of the applicable cases DCF was found to be adequately addressing the health needs of children in both foster care and in-home settings, in 16 percent of the applicable cases DCF was not adequately addressing these needs.

Item 23. Mental health of the child

Item 23 was assigned an overall rating of Area Needing Improvement. In 72 percent of the applicable cases, reviewers determined that DCF was adequately addressing children's mental health assessment and service needs. Concerns were raised, however, in 28 percent of the applicable cases, where it was determined that DCF was not adequately addressing children's mental health assessment and service needs.

KEY FINDINGS RELATING TO SYSTEMIC FACTORS

IV. STATEWIDE INFORMATION SYSTEM

Status of Statewide Information System – Not in Substantial Conformity

Connecticut is not in substantial conformity with this factor.

Item 24. The State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Item 24 was rated as an Area Needing Improvement because functional improvements to ensure the State information system's capacity to identify and report goals for the placement of every child who is in foster care in accordance with State Plan requirements were not fully implemented at the time of the review.

V. CASE REVIEW SYSTEM

Status of Case Review System – Not in Substantial Conformity

Connecticut is not in substantial conformity with the factor of Case Review System.

Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

Item 25 was rated as an Area Needing Improvement because although DCF is consistent in convening Treatment Planning Conferences (TPC) and Administrative Case Reviews (ACR) to ensure that each child has a case plan, the general consensus of stakeholders was that neither process functions as a means to engage families in the case planning process and parents are not routinely perceived as partners with the agency in the development of the case plan.

Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

Item 26 was rated as a Strength because DCF ensures that each child's case plan is reviewed every 6 months through an ACR.

Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Item 27 was rated as an Area Needing Improvement because stakeholders noted that although permanency hearings are routinely held, they frequently lead to full evidentiary hearings that result in delaying rather than expediting permanency for children.

Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

Item 28 was rated as an Area Needing Improvement because although there is a process in place for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act, the process is not implemented on a consistent basis.

Item 29. Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Item 29 is rated as an Area Needing Improvement because although there are procedures in place for notifying foster parents, pre-adoptive parents, and relative caregivers regarding hearings and reviews, these procedures are not adhered to on a consistent basis.

VI. QUALITY ASSURANCE SYSTEM

Status of Quality Assurance System-Substantial Conformity

Connecticut is in substantial conformity with the factor of Quality Assurance System.

Findings relevant to the specific items assessed for this factor are presented below.

Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

Item 30 was rated as a Strength because the State has developed and implemented standards to ensure that children in foster care are provided quality services to ensure their safety and health.

Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Item 31 was rated as a Strength because DCF has developed a quality assurance system that evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures.

VII. TRAINING

Status of Training-Substantial Conformity

Connecticut is in substantial conformity with the systemic factor of Training. Findings relevant to the specific items assessed for this factor are presented below.

Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

Item 32 was assigned an overall rating of Strength because DCF operates a staff development and training program that supports the goals and objectives in the CFSP and provides initial training for all staff who deliver services provided under titles IV-B and IV-E.

Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

Item 33 was rated as an Area Needing Improvement because although there are a wide range of ongoing training opportunities, stakeholders noted that there is no standardized core curriculum for staff beyond the preservice training, ongoing training is not mandated for workers, and there is no evidence of a coordinated DCF effort to promote ongoing skills development.

Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Item 34 is rated as a Strength because the State provides adequate training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved childcare facilities.

VIII. SERVICE ARRAY

Status of Service Array-Substantial Conformity

Connecticut is in substantial conformity with the factor of Service Array. Findings relevant to the specific items assessed for this factor are presented below.

Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.
Item 35 is rated as a Strength because the State has in place an array of services to meet the needs of children and families.

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

Item 36 was rated as an Area Needing Improvement because the accessibility of services varies considerably across the State and because there are long waiting lists for services in some regions of the State.

Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.
Item 37 is rated as a Strength because the availability of flexible funds to access services supports agency efforts to individualize services.

IX. AGENCY RESPONSIVENESS TO THE COMMUNITY

Status of Agency Responsiveness To The Community-Not in Substantial Conformity

Connecticut is not in substantial conformity with the factor of Agency Responsiveness to the Community. Findings relevant to the specific items assessed for this outcome are presented below.

Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

Item 38 was rated as an Area Needing Improvement because the State does not consistently engage in ongoing consultation with all relevant community representatives. Specific concerns were noted by stakeholders with regard to DCF's relationship with the court system.

Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered.
Item 39 is rated as an Area Needing Improvement because of the need to engage in more consultation from both the tribes and the broader community in developing the CFSP and APSR.

Item 40. The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

Item 40 is rated as a Strength because DCF has engaged in extensive coordination with other agencies in developing and implementing the KidCare initiative.

X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Status of Foster and Adoptive Parent Licensing, Recruitment, and Retention-Substantial Conformity

Connecticut is in substantial conformity with the factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Findings relevant to the specific items assessed for this outcome are presented below.

Item 41. The State has implemented standards for foster family homes and childcare institutions, which are reasonably in accord with recommended national standards.

Item 41 is rated as a Strength because the State has implemented standards for foster family homes and child care institutions that are in accord with recommended national standards.

Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

Item 42 is rated as Strength because the standards are applied to all licensed or approved foster family homes (including kinship foster homes) or child care institutions receiving title IV-B or IV-E funds.

Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Item 43 was rated as a Strength because the State complies with Federal requirements.

Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Item 44 is rated as an Area Needing Improvement because stakeholders noted that although there are procedures in place to promote recruitment, it is not clear that they are being implemented on a consistent basis.

Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

Item 45 is rated as a Strength because the State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

INTRODUCTION

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Connecticut. The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment prepared by the State child welfare agency – the Department of Children and Families (DCF);
- The State Data Profile prepared by the Children’s Bureau of the U.S. Department of Health and Human Services;
- Reviews of 50 cases at three sites throughout the State; and
- Interviews or focus groups (conducted at all three sites and in the city where the State DCF office is located) with stakeholders, including children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, school personnel, private/contract providers, mental health providers, court personnel, legislators, and attorneys.

The key characteristics of the 50 cases reviewed are the following:

- 20 cases were reviewed in Bridgeport, 15 in Waterbury, and 15 in Norwich.
- All 50 cases had been open cases at some time during the period under review.
- 26 of the cases were “foster care cases” (cases in which children were in the care and custody of the State child welfare agency and in an out-of-home placement at some time during the period under review), and 24 were “in-home services cases” (cases in which families received services from the child welfare agency while children remained in their homes or in voluntary placements).
- In 21 (42%) cases, all children in the family were Caucasian; in 9 (18%) cases, all children in the family were African American; in 10 (20%) cases, all children in the family were Hispanic; in 1 (2%) case, the children were Asian; and in 8 (16%) cases the children were of two or more races.
- For the 50 cases reviewed, the **primary** reasons for opening a child welfare agency case were the following:
 - Neglect (not including medical neglect) – 21 cases (42%)
 - Substance abuse by parent – 6 cases (12%)
 - Physical abuse – 5 cases (10%)
 - Mental/physical health of parent – 5 cases (10%)
 - Child’s behavior – 4 cases (8%)
 - Domestic violence in child's home - 3 cases (6%)
 - Mental/physical health of child - 3 cases (6%)
 - Sexual abuse - 1 case (2%)
 - Other – 2 cases (4%)
- Among **all** reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 35 (70%) cases, substance abuse by parents was cited in 24 (48%) cases, domestic violence in child's home

was cited in 16 cases (32%), physical abuse was cited in 12 cases (24%), emotional maltreatment was cited in 12 cases (24%), and child's behavior was cited in 12 cases (24%).

- For 19 (73%) of the 26 foster care cases, the children entered foster care prior to the period under review and remained in foster care during the entire period under review.
- For 16 (67%) of the 24 in-home services cases, the case was opened prior to the period under review.

The first section of the report presents the CFSR findings relevant to the State's performance in achieving specific outcomes for children in the areas of safety, permanency, and well-being. For each outcome, there is a table providing the degree of outcome achievement by site, a presentation of the State's status with regard to substantial conformity with the outcome, and a discussion of each item assessed as part of the overall outcome assessment. The second section of the report provides an assessment and discussion of the systemic factors relevant to the child welfare agency's ability to achieve positive outcomes for children.

SECTION 1: OUTCOMES

I. SAFETY

Safety Outcome 1

Outcome S1: Children are, first and foremost, protected from abuse and neglect.					
Number of cases reviewed by the team according to degree of outcome achievement					
	Bridgeport	Waterbury	Norwich	Total Number	Total Percentage
Substantially Achieved:	18	10	13	41	91.1
Partially Achieved:	0	2	0	2	4.4
Not Achieved or Addressed:	0	1	1	2	4.4
Not Applicable:	2	2	1	5	
Conformity of Statewide data indicators with national standards:					
	National Standard (percentage)	State's Percentage	Meets Standard	Does Not Meet Standard	
Repeat maltreatment	6.1	11.4		X	
Maltreatment of children in foster care	.57	3.07		X	

STATUS OF SAFETY OUTCOME 1

Connecticut did not achieve substantial conformity with Safety Outcome 1. Although in 91.1 percent of the cases reviewers determined that this outcome had been substantially achieved, the State did not meet the national standard for either repeat maltreatment or maltreatment of children in foster care.

With respect to the State's percentage of maltreatment in foster care, as reported in the State Data Profile, there is some concern that the reported incidence of maltreatment is higher than the actual incidence. Several stakeholders reported that the high incidence of child maltreatment in foster care is due to the fact that the State considers reports of violations of licensing standards as child maltreatment reports. However, it was noted in the Statewide Assessment and by several stakeholders that the State does place children in foster homes that are already at capacity levels, which may contribute to maltreatment of children while in foster care.

Findings relevant to the specific items assessed for this outcome are presented below.

Item 1. Timeliness of initiating investigations of reports of child maltreatment

 X Strength Area Needing Improvement

Review Findings: The assessment of item 1 was applicable for 19 of the 50 cases reviewed. Thirty-one cases were not applicable for assessment because they did not involve reports of child maltreatment during the period under review. In assessing item 1, reviewers were to determine whether the response to a maltreatment report occurring during the period under review was initiated in accordance with DCF policies. DCF policies for responses to maltreatment reports are the following: if children are determined to be in a life-threatening situation, the response time is 2 hours; if children are in a non-life-threatening situation but the report is still judged to be severe, the response time is 24 hours; and if children are in a non-life-threatening situation, but because of the age or condition of the child a timely response is required, the response time is 72 hours.

The results of the case review were the following:

- Item 1 was rated as a Strength in 17 (89%) of the 19 applicable cases.
- Item 1 was rated as an Area Needing Improvement in 2 (11%) of the 19 applicable cases.

Cases were assigned a rating of Strength when reviewers determined that the agency responded to the report in accordance with State policy. One case was rated as an Area Needing Improvement for this item because the response times to four reports occurring during the period under review (involving allegations of physical neglect, emotional neglect, and “high risk newborn”) were not in accordance with agency policy. The other case alleging emotional neglect was rated as an Area Needing Improvement because reviewers determined that the report was not assigned but was “screened out administratively,” which was noted to be “contrary to agency policy”.

Stakeholders commenting on this issue were in general agreement that the agency initiates and conducts investigations in a timely manner. Some stakeholders indicated that DCF investigations are thorough and incorporate multidisciplinary assessments when necessary, including domestic violence and substance abuse assessments. Some stakeholders also noted that DCF provides feedback information to reporters in a timely manner.

One concern voiced by stakeholders was that callers to the child maltreatment Hotline are often put on hold for extended or long periods of time. Other stakeholders expressed concern that Hotline calls are being screened-out locally, which is contrary to agency policy.

Determination and Discussion: Item 1 was assigned an overall rating of Strength because reviewers determined that in 89 percent of the applicable cases, DCF responded to maltreatment reports in a timely manner. This is consistent with information provided in the Statewide Assessment indicating that in 1995 DCF shifted the responsibility for all investigations of abuse and neglect from ongoing treatment workers to specially-trained investigators who are assigned cases directly from a central hotline. This practice may explain the more timely and more effective investigations.

Item 2. Repeat maltreatment

☐ Strength ☒ Area Needing Improvement

Review Findings: An assessment of Item 2 was applicable for 47 of the 50 cases reviewed. Three cases were not applicable for assessment because DCF did not come into contact with the case as a result of a child maltreatment report. In assessing this item, reviewers were to determine whether there was at least one substantiated maltreatment report during the period under review, and if so, whether another substantiated report occurred within 6 months of that report. The results of the assessment were the following:

- Item 2 was rated as a Strength in 44 (94%) of the 47 applicable cases.
- Item 2 was rated as an Area Needing Improvement in 3 (6%) of the 47 applicable cases.

In 31 of the cases rated as a Strength, there were no reports of maltreatment during the period under review. In 19 of those cases, the children entered foster care prior to the period under review and remained in care throughout the entire period. Among the 15 cases in which there was a substantiated maltreatment report during the period under review, 3 had at least one other substantiated report within a 6-month period involving the same perpetrator and circumstances. All three cases occurred in one site and involved the mothers' physical and emotional neglect of their children. In these three cases, services were offered to mothers and referrals were made for services after the initial report (occurring during the period under review), but the mothers did not follow through with the treatment plan. Placement in foster care resulted after the repeat maltreatment.

Stakeholders commenting on this issue expressed mixed opinions regarding DCF's effectiveness in preventing the recurrence of maltreatment. Some stakeholders suggested that DCF is effective in preventing recurrence of maltreatment because of its access to a wide array of services for families, particularly intensive family preservation services and targeted or specialized assessments and

services. However, a few stakeholders noted that there are waiting lists for services and sometimes repeat maltreatment may occur while families are waiting to access services. Other stakeholders indicated that recurrence sometimes occurs because DCF lacks the legal authority to intervene with non-compliant families prior to a case being adjudicated by the court. Because adjudication may take several months, the child is left at risk for repeat maltreatment. A few stakeholders also noted that there are many instances in which DCF will close a case or return children home when parents complete services, without assessing whether parents' behaviors changed as a result of service participation.

Determination and Discussion: Item 2 was assigned an overall rating of Area Needing Improvement for the following reasons:

- The incidence of repeat maltreatment reported in the State Data Profile was 11.4 percent, which exceeds the national standard of 6.5 percent. (although repeat maltreatment is measured in a different way in the State Data Profile than in the onsite case review).
- There was repeat maltreatment in 3 of the 15 cases in which there was at least one substantiated maltreatment during the period under review.

This finding is consistent with data from the Statewide Assessment indicating that DCF's analysis of additional available data resulted in a finding of a 10.8 percent rate of recurrence of maltreatment within a 6-month period. According to the Statewide Assessment, Connecticut's incidence of maltreatment recurrence is due to the State's high substantiation rate, and the fact that the "threshold for substantiation is 'reasonable cause to believe'." The Statewide Assessment also indicated that DCF is in the early stages of implementing an alternative response system, which is designed to divert lower risk cases and reduce the rate of repeat maltreatment.

Safety Outcome 2

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Bridgeport	Waterbury	Norwich	Total Number	Total Percentage
Substantially Achieved:	19	9	13	41	87.2
Partially Achieved:	0	4	1	5	10.7
Not Achieved or Addressed:	0	1	0	1	2.1
Not Applicable:	1	1	1	3	

STATUS OF SAFETY OUTCOME 2

Connecticut did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 87.2 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.

Although the State did not meet the 90 percent requirement necessary for a finding of substantial conformity, there were a large number of cases in which DCF was found to have made concerted efforts to provide services to families to maintain children safely in their homes and to reduce the risk of harm to children. In many of the in-home services cases, families were offered a wide range of services in order to maintain children safely in their homes. In addition, many of these services were individualized to meet a family's unique needs. Also, even when children were removed, parents and relatives were offered access to a variety of services to reduce risk of harm so that children could achieve reunification with families as soon as possible. A key issue identified, however, is that in some cases in which services were offered, families declined to participate, leaving children at the same level of risk as they were when they came into contact with the agency. In other cases, families experienced waiting lists for services, which also increased risk of harm to children. Consequently, there were cases in which item 3 was rated as a Strength, but item 4 was rated as an Area Needing Improvement. This increased the number of cases that did not achieve substantial conformity.

Findings relevant to the specific items assessed for this outcome are presented below.

Item 3. Services to family to protect child(ren) in home and prevent removal

☒ Strength ☐ Area Needing Improvement

Review Findings: There were 32 cases for which an assessment of item 3 was applicable. Eighteen cases were not applicable for this assessment because there were no substantiated maltreatment reports or identified risks of harm to children in the home during the period under review. For this item, reviewers were to assess whether, in responding to a substantiated maltreatment report or risk of harm, the agency made diligent efforts to provide services to families to prevent removal of children from their homes while at the same time ensuring their safety. The results of this assessment were the following:

- Item 3 was rated as a Strength in 28 (87.5%) of the 32 applicable cases.
- Item 3 was rated as an Area Needing Improvement in 4 (12.5%) of the 32 applicable cases.

Cases were rated as a Strength when reviewers determined that DCF provided services to families while children remained in their homes, that the services provided were sufficient to ensure the children's safety, and that the agency closely monitored the family to assess children's safety. The services provided included, but were not limited to the following: housing assistance, mental health

evaluation and treatment, parent aides, domestic violence counseling, family therapy, individual counseling/therapy, parenting skills education, substance abuse treatment, and intensive home-based family preservation services.

Cases were rated as an Area Needing Improvement when reviewers determined that DCF (1) did not offer services to the family, (2) offered services that were not sufficient to ensure children's safety, and/or (3) did not engage in sufficient monitoring of the family after making service referrals.

Stakeholders commenting on this issue were highly positive regarding DCF's use of services to maintain children in their homes, particularly intensive family preservation services and the implementation of parent aides, who are frequently in the home and therefore can monitor safety while providing services. Some stakeholders noted that there are Regional Resource specialists that accompany DCF workers on home visits to help them assess service needs. Stakeholders also praised DCF for the quality of the evaluations conducted in sexual abuse cases, the efforts to individualize services to meet the unique needs of families and children, and the use of the courts to ensure client compliance with service plans. Most stakeholders expressed the opinion that DCF's decisions are appropriate regarding when to remove children and when to maintain them in their homes and focuses on meeting the needs of the parents to reduce risk. Only a few stakeholders suggested that DCF was too conservative in its approach and removed children too quickly.

The primary concern expressed by stakeholders with regard to this issue is that the length of time between the investigation and the provision of services to families often is extensive, sometimes up to two or three months. This was attributed to the following:

- A delay in the transfer of cases from investigators to treatment units.
- The waiting lists that exist for many services in some areas of the State.
- A lack of in-home services provided by bi-lingual and bi-cultural staff.

Determination and Discussion: Item 3 was assigned an overall rating of Strength because in 87.5 percent of the cases, reviewers determined that the agency had made diligent efforts to maintain children safely in their homes. This finding is consistent with information reported in the Statewide Assessment indicating that since 1998, the rate of children entering care as the result of an investigation has been consistently lower than 12 percent and was down to 8.5 percent in 2000. According to the Statewide Assessment, DCF employs a variety of interventions to prevent placement, including Intensive Family Preservation, Emergency Mobile Psychiatric Services and Flexible Funding to address unique family situations that threaten child safety. Families at higher risk for child placement receive priority from DCF in the allocation of intensive services. In addition, a current initiative that is being implemented Statewide, called KidCare, is designed to promote family stability by providing access to behavioral health interventions as soon as a need is identified. The Statewide Assessment also indicated that although slots for intensive intervention have increased over the years, there is a need for continued expansion of these services to families.

Item 4. Risk of harm to child

☒ Strength ☐ Area Needing Improvement

Review Findings: An assessment of item 4 was applicable for 47 of the 50 cases reviewed. The assessment of item 4 required reviewers to determine whether the agency had made, or was making, diligent efforts to reduce the risk of harm to the children involved in each case. The assessment resulted in the following findings:

- Item 4 was rated as a Strength in 41 (87%) of the 47 applicable cases.
- Item 4 was rated as an Area Needing Improvement in 6 (13%) of the 47 applicable cases.

This item was rated as a Strength when reviewers identified the following:

- The risk of harm to children was addressed by removing the children from home and providing services to parents to address risk issues (12 cases).
- The risk of harm to children was addressed by removing the children from the home and seeking TPR both prior to and during the period under review (8 cases).
- The risk of harm to children was managed by providing services to families to address risk concerns while the children remain in the home or in a voluntary placement with relatives (20 cases).
- The risk of harm to children was addressed by removing the perpetrator (1 case).

The item was rated as an Area Needing Improvement when reviewers determined the following:

- The risk to children was not adequately addressed prior to reunification so that children were returned home to potentially unsafe situations (1 case).
- The services being provided were not adequate to effectively reduce risk while children remained in the home, leaving children at the same level of risk as when the case first came to the attention of the agency (4 cases).
- No efforts were made to reduce risk. (1 case).

Stakeholders commenting on this issue generally expressed the opinion that DCF is effective in managing the risk of harm to children. Some of the DCF practices identified as particularly noteworthy in managing risk of harm were the following: (1) the use of voluntary placements to manage risk until the home situation undergoes a change; (2) the use of Administrative Case Reviews to alert managers to any safety or risk issues; (3) the use of multiple and multidisciplinary assessments to assess risk of harm during the investigation; and (4) the implementation of in-home services after reunification.

Several stakeholders commenting on this issue discussed children's risk of harm in their foster care placements. Although most of these stakeholders suggested that the agency usually is diligent in ensuring children's safety while in foster care, a few suggested that problems in foster homes persist because of overcrowding. They suggested that the agency often is reluctant to address the problem of overcrowding because of the shortage of foster homes.

Determination and Discussion: Item 4 was assigned an overall rating of Strength because reviewers determined that in 87 percent of the cases, DCF made sufficient efforts to reduce risk of harm to children. This finding is supported by information in the Statewide Assessment indicating that compliance with practice standards is closely monitored and quality assurance case reviews conducted by the Internal Quality Improvement Division prior to an Administrative Case Review are designed to bring safety concerns to the attention of managers for immediate intervention.

II. PERMANENCY

Permanency Outcome 1

Outcome P1: Children have permanency and stability in their living situations.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Bridgeport	Waterbury	Norwich	Total Number	Total Percentage
Substantially Achieved:	4	5	4	13	50.0
Partially Achieved:	6	4	2	12	46.2
Not Achieved or Addressed:	0	0	1	1	3.8
Not Applicable:	10	6	8	24	
Conformity of Statewide data indicators with national standards:					
	National Standard (percentage)	State's Data (percentage)	Meets Standard	Does Not Meet Standard	
Foster care re-entries	8.6	6.0	X		
Length of time to achieve reunification	76.2	55.1		X	
Length of time to achieve adoption	32.0	6.5		X	
Stability of foster care placements	86.7	92.8	X		
Length of stay in foster care*		24.6 Months			

*Not used to determine substantial conformity.

STATUS OF PERMANENCY OUTCOME 1

Connecticut did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following:

- Although the State met the national standards for foster care re-entries and stability of foster care placements, the State did not meet the national standards for reunifications within 12 months of entry into foster care or adoptions within 24 months of entry into foster care.
- Only 50 percent of the cases reviewed were rated as having substantially achieved Permanency Outcome 1, which is less than the 90 percent required for substantial conformity.

Although in many cases reviewers observed that DCF workers were effective in their efforts to attain permanency and stability for the children in their caseloads, there were a considerable number of cases in which this effort was not evident. A general finding of the case review process and the stakeholder interviews is that DCF is not consistent in its efforts to establish permanency for children in a timely manner or ensure placement stability while children are in foster care. Findings relevant to the specific items assessed for this outcome are presented below.

Item 5. Foster care re-entries

___ Strength __X__ Area Needing Improvement

Review Findings: Five of the 26 foster care cases were applicable for an assessment of foster care re-entries because they involved children who entered foster care at some time during the period under review. In assessing this item, reviewers were to determine whether the entry into foster care during the period under review had occurred within 12 months of discharge from a prior foster care episode. The results of this assessment were the following:

- Item 5 was rated as a Strength in 2 (40%) of the 5 applicable cases.
- Item 5 was rated as an Area Needing Improvement in 3 (60%) of the 5 applicable cases.

Of the five cases in which children entered foster care during the period under review, there were three that were rated as an Area Needing Improvement for this item because the entry into foster care was within 12 months of discharge from a prior foster care episode. In addition, there were seven other cases in which children experienced more than one entry into foster care prior to the period under review.

Stakeholders commenting on this issue generally perceived DCF as being very cautious about returning children home prematurely and as using continued supervision after reunification to prevent re-entries.

Determination and Discussion: Although the State's incidence of foster care re-entry of 6.0 percent meets the national standard of 8.6 percent, item 5 was assigned an overall rating of Area Needing Improvement based on the finding that in 60 percent of the applicable cases, children re-entered foster care within 12 months of discharge from a prior foster care episode.

According to the Statewide Assessment the low re-entry rate represented by the State Data Profile may be attributed to the practice of staff taking a more deliberate approach to reunification and to supporting reunification so as to avoid subsequent re-entries whenever possible. For the case review process, two of the three cases in which foster care re-entry occurred involved situations in which a child re-entered foster care as a result of his or her behavior problems and at the request of the parents.

Item 6. Stability of foster care placement

____ Strength __X__ Area Needing Improvement

Review Findings: All 26 foster care cases were applicable for an assessment of item 6. In assessing this item, reviewers were to determine whether the child experienced multiple placement settings during the period under review and if so, whether the changes in placement settings were necessary to achieve the child's permanency goal or meet the child's service needs. The findings of this assessment were the following:

- Item 6 was rated as a Strength in 19 (73%) of the 26 applicable cases.
- Item 6 was rated as an Area Needing Improvement in 7 (27%) of the 26 applicable cases.

The case review process revealed that in 9 of the 26 applicable cases, children experienced at least one placement change during the period under review (i.e., they had 2 or more placements during that 12- month period) and in 16 of the 26 applicable cases, children experienced at least one placement change during the "life of the case." In 5 cases, the children experienced at least 6 different placements over the life of the case.

Cases were rated as a Strength when children did not experience a placement change during the period under review, or when reviewers determined that the placement change was necessary to meet the child's needs or promote attainment of the child's permanency goal. Cases were rated as an Area Needing Improvement when reviewers determined that placement changes did not meet the child's needs (6 cases), or when the child's placement was deemed to be inappropriate for the child's needs (1 case). For

example, in one case the item was rated as an Area Needing Improvement because the child was placed in a foster home where the foster mother did not supervise her properly and did not make sure she was able to access her treatment services and eventually requested her removal because there were too many children in the home. Another case was rated as an Area Needing Improvement because the child is only 3 years old and was in a shelter for over two months and had not received services directed at moving her to a more appropriate placement. In a third case, the item was rated as an Area Needing Improvement because the child had been moved in and out of shelters and time-limited placements instead of being in a stable foster home or in a facility to address the child's behavioral problems.

Stakeholders commenting on this issue were in general agreement that placement stability is sometimes problematic for children in foster care in Connecticut. Stakeholders attributed placement instability to the following types of situations:

- Insufficient early intervention with foster parents caring for children with behavioral/emotional problems to prevent a problem from becoming a crisis and resulting in foster parents requesting removal of the child.
- High level of staff turnover among workers, often resulting in insufficient supervision of foster homes.
- Too few foster families to ensure an effective match between child's needs and foster homes.
- Foster homes that exceed the State's maximum for the number of children per foster home.
- A need for more intensive foster parent training and DCF support on maintaining adolescents in placements.
- A lack of supports and services for relative caregivers.

Several stakeholders noted that DCF has established Safe Homes in order to prevent placement disruptions. First-time entrants into foster care who are between the ages of 3 and 12 (or younger children if they are part of a sibling group) enter the Safe Home, which is a home that provides a group setting in which children can be assessed prior to placement in a foster home. The goal of the Safe Home is to foster appropriate matches between children and foster parents by conducting intensive assessments prior to placement. Although children are supposed to be in the Safe Home for only a short period of time, stakeholders consistently reported that children frequently stay in these homes for too long periods of time because there are no appropriate placements available.

Determination and Discussion: Item 6 was assigned an overall rating of Area Needing Improvement because in 27 percent of the cases, reviewers determined that children did not have placement stability and/or that placement changes were not for the purpose of meeting children's needs. Although the State Data Profile indicates that 92.8 percent of children in foster care in the State for 12 months or less during FY 2000 had no more than two placement settings (which meets the national standard of 86.7 percent), this statistic reflects a different measure of stability than the assessment used during the case review process. Specifically, the case review process focuses on placement stability throughout the period under review and on the reviewers' assessment of the stability and appropriateness of the current placement.

The findings of the case review process reveal that DCF is inconsistent in its efforts to ensure placement stability for all children. According to the Statewide Assessment, in Federal Fiscal Years 1999 and 2000, an increasing number of children in placement in Connecticut experienced three moves within a placement episode. This trend spurred the development of additional agency supports to foster care providers such as specialized support workers, placement preservation programs, and contracted interventions through the Connecticut Association of Foster and Adoptive Parents.

The Statewide Assessment also noted that DCF's focus on reducing multiple placements was the impetus for the development of the Safe Home Program. Although DCF is aware that placement of new entrants into foster care in a short-term group setting may increase the total number of placement moves per episode, it was determined that the Safe Home's implementation of immediate clinical interventions, thorough assessments, and careful matching would ultimately enhance placement stability. It should be noted, however, that children as young as 3 years old (and younger if they are a member of a sibling group) are being placed in these group homes.

The issue of residential treatment also was discussed in the Statewide Assessment. DCF operates two residential treatment facilities, but the need for “beds” exceeds capacity. This contributes to additional placements for some children with behavior problems because the children are placed with caregivers who cannot adequately address their behaviors.

Item 7. Permanency goal for child

☐ Strength ☒ Area Needing Improvement

Review Findings: All 26 foster care cases were applicable for an assessment of item 7. In assessing this item, reviewers were to determine whether the agency had established an appropriate permanency goal for the child in a timely manner, including filing for termination of parental rights (TPR) in accordance with ASFA guidelines unless an exception was noted. The results of this assessment were the following:

- Item 7 was rated as a Strength in 20 (77%) of the 26 applicable cases.
- Item 7 was rated as an Area Needing Improvement in 6 (23%) of the 26 applicable cases.

The assessment identified the following permanency goals for children in foster care.

- 14 children had a goal of reunification or permanent placement with relatives.
- 4 children had a goal of adoption (and all 4 had a goal of reunification prior to this goal).
- 8 children had a goal of long-term foster care leading to emancipation/independent living.

In 17 of the 26 foster care cases, children had been in foster care for 15 of the most recent 22 months. Reviewers determined that DCF had filed for TPR in 7 of those 17 cases, and TPR had been attained in 5 of those 7 cases. Of the ten cases in which TPR had not been filed, 5 had noted exceptions, which included “relative placement,” “family resources,” “bond with siblings in a relative placement,” “age and mental health issues,” and “TPR not in best interests of the child.” In one case, reviewers noted that an exception was not needed because the child turned 18 years old prior to the period under review.

Cases were assigned a rating of Strength when reviewers determined that the agency had made diligent efforts to establish an appropriate permanency goal in a timely manner. Cases were assigned a rating of Area Needing Improvement when reviewers determined the following:

- There were unnecessary delays in filing for TPR and no compelling reasons provided for not filing (2 cases) (Although there were other cases in which TPR should have been filed and was not and no exceptions were noted, not all of these cases were rated as an Area Needing Improvement for this item).
- The goal established was not appropriate for the child (3 cases).
- The goal was appropriate but was not established in a timely manner (1 case).

Stakeholders commenting on this issue offered a range of opinions regarding DCF's effectiveness in establishing appropriate permanency goals for children in a timely manner. One area of variation among stakeholders concerned the implementation of concurrent planning for permanency. Some stakeholders suggested that concurrent planning is mandatory in the agency. However, even among these stakeholders, there were differences in perceptions of concurrent planning. One stakeholder suggested that concurrent planning involves recognizing that reunification is the goal, but also having a "back-up" goal in case reunification does not work out. Other stakeholders indicated that social workers consider concurrent planning if the case is not progressing after 6 months. At that time, they will begin to talk to foster parents about the possibility of adoption. Still other stakeholders noted that concurrent planning is confrontational for parents and makes them anxious. Finally, some stakeholders expressed the opinion that little is being done by workers in the area of concurrent planning because there are no processes or procedures in place to guide workers in this practice.

Stakeholders also noted that DCF is demonstrating progress in the area of permanency goals and that in some regions of the State, workers are beginning to look at permanency during the investigation phase. In addition, DCF is using contracted consultants to inform decision making on complex cases. Stakeholders reported that judges in specific communities are assertive at limiting continuances and proactive in tracking and finalizing permanency plans. However, this was not seen as a consistent practice throughout the court system. A few stakeholders also noted that court delays occurred in cases in which the children's attorney had

not met with the judge prior to the hearing. Other stakeholders indicated that delays occur because the “ASFA clock” is viewed as starting at adjudication rather than at the time of placements.

Areas of concern identified by stakeholders regarding establishing permanency goals for children included the following:

- Worker's training and supervision in the area of permanency is inadequate.
- DCF often views long term foster care and independent living as "permanency" goals, although some stakeholders noted that there has been an increase in the consideration of permanent placements for adolescents such as guardianship and adoption.
- Cases in which the child is in foster care under an Order of Temporary Custody are often still being deliberated in court after a child has been in foster care for a long time (e.g., 8 or 9 months).
- DCF often does not make sufficient efforts to contact fathers and involve them in planning, which creates barriers to achieving permanency.
- High levels of staff turnover affect the establishment of permanency goals in a timely manner because new workers must review the cases thoroughly.
- Court delays in adjudication hearings have a negative impact on attaining permanency in a timely manner.
- Children are not seen or contacted in a timely manner by their attorneys.
- Staff will not pursue TPR until an adoptive home is identified.

Determination and Discussion: Item 7 was assigned an overall rating of Area Needing Improvement because in 27 percent of the cases, reviewers determined that DCF had not established appropriate permanency goals for children in a timely manner. This finding reflects an inconsistency in practice within DCF regarding the timely establishment of appropriate permanency goals. This finding also is consistent with information provided in the Statewide Assessment acknowledging that the achievement of permanency is an area warranting further attention in DCF. According to the Statewide Assessment, data on permanency goals are not yet available through Connecticut’s LINK system. However, the Statewide Assessment did provide the following statistics (collected by the Division of Internal Quality Improvement for the period 10/1/00 to 12/31/01) regarding permanency goals for children in foster care:

- Return Home: 40%
- Adoption: 24%
- Transfer of Guardianship: 9%
- Permanent Relative Care: 5%
- Independent Living: 11%
- Permanent Foster Care: 11%

Item 8. Reunification, Guardianship, or Permanent Placement with Relatives

____ Strength X Area Needing Improvement

Review Findings: An assessment of item 8 was applicable for 14 cases. In assessing these cases, reviewers were to determine whether the agency had achieved children's goals of reunification, guardianship, or permanent placement with relatives in a timely manner or, if the goals had not been achieved in a timely manner, whether the agency had made, or was in the process of making, diligent efforts to achieve the children's goals. The results of this assessment were the following:

- Item 8 was rated as a Strength for 9 (64%) of the 14 applicable cases.
- Item 8 was rated as an Area Needing Improvement for 5 (36%) of the 14 applicable cases.

The case review process also resulted in the following additional findings:

- In 3 of the 14 cases, children had a goal of guardianship, and in 11 of the 14 cases, they had a goal of reunification.
- In 6 of the 14 cases, children had been in foster care for at least 12 months.
- The goal of reunification had been attained for 4 of the 11 children with that goal, and for 3 of these children, the goal was attained within 12 months of the time of removal from their homes.

Cases were rated as a Strength either when the goal was achieved within 12 months, or reviewers determined that the agency had made or was making diligent efforts to achieve the goal. Examples of diligent efforts included provision of services to parents to reduce risk to child combined with monitoring of families to assess progress, assessment of alternative options if reunification with parents is not possible, and provision of treatment services to children.

Of the 5 cases assigned a rating of Area Needing Improvement for this item, children had a goal of guardianship in 3 cases and a goal of reunification in 2 cases. The guardianship cases were rated as an Area Needing Improvement because reviewers determined that there were extensive delays in attaining this goal and that these delays were the result of DCF workers not completing the necessary paperwork or filing the appropriate petitions. The reunification cases were rated as Area Needing Improvement when reviewers determined that services offered to the family and the child were not sufficient or appropriate to address the risk of harm to children if they were returned home to parents.

Stakeholders commenting on this issue were in agreement that the existence of subsidized relative guardianship within the State enhances DCF's efforts to achieve permanency for children. However, some stakeholders noted that not all workers appear to understand how to move children and relative caretakers toward subsidized guardianship and, as a result, the process takes longer than it should.

Many stakeholders suggested that reunification is the primary focus of DCF and that the vast majority of children who enter foster care return home. These stakeholders expressed support for DCF's practice of not returning children home too quickly and ensuring that the necessary changes have taken place before final reunification.

Determination and Discussion: This item was assigned an overall rating of Area Needing Improvement based on the following:

- According to the State Data Profile, the State's percentage for reunifications occurring within 12 months of entry into care is 55.1 percent, which does not meet the national standard of 76.2 percent.
- In 36 percent of the 14 applicable cases, reviewers rated this item as an Area Needing Improvement because they determined that the agency had not made diligent efforts to bring about permanency for children with a goal of reunification, permanent placement with relatives, or guardianship.

The primary issue observed during the case review process was that timely attainment of guardianships was problematic. For most of the cases in which the goal was reunification, reviewers noted that DCF workers were effective in their efforts to achieve timely permanency.

According to the Statewide Assessment, the finding that the State does not meet the National standard for reunifications within 12 months may be attributed to DCF's emphasis on careful consideration of reunifications and a focus on ongoing monitoring of families prior to full reunification. As noted in the Statewide Assessment, DCF considers this level of caution to be necessary to ensure children's safety and prevent the potential trauma of re-entry into foster care.

With respect to guardianships, the Statewide Assessment noted that guardianship subsidies for relatives were instituted in 1998, but initially required that the child be in care with the relative guardian for at least 18 months. This stipulation, which contributed to the length of stay for children exiting to guardianship, has been modified to 12 months in care.

Item 9. Adoption

☐ Strength ☒ Area Needing Improvement

Review Findings: Four of the 26 foster care cases were applicable for an assessment of item 9. In assessing this item, reviewers were to determine whether appropriate and timely efforts had been, or were being, undertaken to achieve finalized adoptions. The results were the following:

- Item 9 was rated as a Strength in 2 (50%) of the 4 applicable cases.
- Item 9 was rated as an Area Needing Improvement in 2 (50%) of the 4 applicable cases.

A finalized adoption had not been achieved in any of the 4 applicable cases, although 3 of the children were in adoptive placements. Cases were assigned a rating of Strength when reviewers determined that TPR had been filed in a timely manner and an adoptive placement has been identified. In one case rated as an Area Needing Improvement for this item, the child was free for adoption, but no adoptive placement had been identified although the child had been in foster care for a long time. In the other case, TPR had been granted 13 months ago and the child has been in an adoptive placement since before the TPR, but the worker had not completed the initial adoption paperwork to send to Central Office.

Stakeholders commenting on this issue noted that although there have been improvements in the area of adoption, DCF needs to expedite finalizations. These stakeholders suggested that it is mostly a paperwork issue in many cases. Stakeholders suggested that most adoptions are done by foster parents, although children free for adoption are regularly registered on the Adoption Resource Exchange.

A few stakeholders noted that State funds to support college tuition, which are available to foster children, are not available for children who have been adopted from the State child welfare system. This was viewed as a disincentive for foster parent adoptions.

Determination and Discussion: Item 9 was assigned an overall rating of Area Needing Improvement based on the following:

- In 50 percent of the applicable cases, reviewers determined that the agency was not engaging in sufficient efforts to achieve finalized adoptions for children in foster care.
- The State Data Profile indicates that the percentage of finalized adoptions in FY 2000 that occurred within 24 months of removal from home (6.5%) is less than the National standard of 32.0.

According to the Statewide Assessment, although exits to adoption are on the rise, the time to achieve this goal also is increasing. For Federal Fiscal Year (FFY) 2000, the median length of stay for children exiting care to finalized adoption was 45 months from entry into care, an increase from 39 months in FFY 1999. An evaluation conducted in January 2001 found that the average time from TPR to finalization was 19 months. Considering the fact that most children are adopted by their foster parents, this delay seems extraordinarily high.

The Statewide Assessment also noted that in Spring 2001, a settlement was arrived at through the Consent Decree stipulating benchmarks toward achieving the adoption of all children whose rights have been terminated with the initial focus on Category I children (TPR'd prior to 6/1/01) and continued focus on Category II children (TPR'd post 6/1/01). The agreement mandates the hiring

of an adoption consultant to provide technical assistance to DCF and subsequent case reviews of children in custody 15 months or longer.

Historically, the development of adoptive resources for waiting children has been a concern. Contracts for targeted recruitment in 1998-99 fell short of expectations and have been revised to achieve better results. The fact that housing assistance and academic financial assistance are available to foster care youth but not to youth who have been adopted from the foster care system may make some foster parents reluctant to pursue adoption. Judicial delays, which were once alleviated through the creation of the Child Protection Session to manage termination trials, have increased in part because of the permanency hearings required by the Adoption and Safe Families Act (ASFA).

Item 10. Permanency goal of other planned permanent living arrangement

___ Strength __X__ Area Needing Improvement

Review Findings: The assessment of item 10 was applicable for 8 cases. In assessing this item, reviewers were to determine if the agency had made, or was making, diligent efforts to assist children in attaining their goals related to other planned permanent living arrangements. The results of this assessment were the following:

- Item 10 was rated as a Strength in 6 (75%) of the 8 applicable cases.
- Item 10 was rated as an Area Needing Improvement in 2 (25%) of the 8 applicable cases.

In 31 percent (8) of the 26 foster care cases, reviewers determined that the goal for the child was long-term foster care, eventually resulting in emancipation and self-sufficient independent living. Of these children, 2 were younger than 12 years old, and 5 were younger than 15 years old at the time that the goal was established. Although 6 cases were rated as a Strength, only one of the children was noted to have been receiving independent living services to prepare him/her for eventual emancipation.

Several stakeholders commenting on this issue praised the State's Independent Living (IL) Program, although some stakeholders noted that access to IL services varies across the State. Stakeholders also noted that social workers who work with children with a goal of "independent living," attempt to facilitate healthy parent-child relationships and help the youth understand the parent's limitations. Stakeholders suggested that workers engage in this practice because when youth are emancipated from foster care, they often return to their families as the only resources that they have.

Determination and Discussion: Item 10 was assigned an overall rating of Area Needing Improvement based on the finding that in 25 percent of the 8 applicable cases, reviewers determined that DCF had not made concerted efforts to explore alternative permanency

options. According to the Statewide Assessment, Independent Living and Permanent Foster Care comprise 22 percent of all permanency goals. Data from Administrative Case Reviews held between 4/1/01 and 6/30/01 indicate that the goal of permanent foster care is increasing in all regions except one, which has a high number of cases with Independent Living as a goal. As noted in the Statewide Assessment, DCF is concerned that workers may be “too quick to establish permanency goals that do not result in safe, stable and nurturing family connections for youth.”

Permanency Outcome 2

Outcome P2: The continuity of family relationships and connections is preserved for children.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Bridgeport	Waterbury	Norwich	Total	Percentage
Substantially Achieved:	8	7	6	21	80.8
Partially Achieved:	2	2	1	5	19.2
Not Achieved or Addressed:	0	0	0	0	0
Not Applicable:	10	6	8	24	

STATUS OF PERMANENCY OUTCOME P2

Connecticut did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in only 80.8 percent of the cases, which is less than the 90 percent required for substantial conformity.

Although the State did not achieve substantial conformity with this outcome, there were many strengths identified in the performance indicators related to this outcome. For example, the CFSR process revealed that DCF is highly effective in placing children in close proximity to their families and in placing siblings together even when there is a large sibling group. DCF also was found to make diligent efforts to maintain and support positive relationships between children and their parents, and preserve children's connections to their families, heritage, communities, and friends. However, DCF was found to be less consistent in ensuring appropriate and frequent visitation between siblings in foster care and in seeking out relatives as potential placement resources.

Specific findings pertaining to the items assessed under Permanency Outcome 2 are presented and discussed below.

Item 11. Proximity of foster care placement

☒ Strength ☐ Area Needing Improvement

Review Findings: Of the 26 foster care cases, 23 were applicable to an assessment of item 11. Cases determined to be not applicable were those in which TPR had been attained prior to the period under review or in which contact with parents was not considered to be in the child's best interest. In assessing item 11, reviewers were to determine whether the child's foster care setting was in close proximity to the child's parents or close relatives. This assessment resulted in the following findings:

- Item 11 was rated as a Strength in 22 (96%) of the 23 applicable cases.
- Item 11 was rated as an Area Needing Improvement in 1 (4%) of the 23 applicable cases.

In 17 of the 23 applicable cases, children were placed in the same county or community of origin. In 5 cases, children were not placed in the same county or community, but the distance was justifiable because the placement met the child's needs. The one case rated as an Area Needing Improvement involved a child who was placed out of State and who had not been visited by the DCF worker in accordance with Federal visitation requirements.

Stakeholders commenting on this issue were in agreement that DCF places children in their same communities to the extent possible. The only concern raised pertained to the lack of resources in many communities to meet children's needs for specialized placements, particularly residential placements for children with behavioral/emotional problems.

Determination and Discussion: Item 11 was assigned an overall rating of Strength because in 96 percent of the applicable cases, reviewers determined that (1) children had been placed in foster care homes that were in close proximity to their parents or, (2) when a child was placed far away from parents, the placement was made to meet the child's special needs. This finding is consistent with information reported in the Statewide Assessment regarding the results of a study of first time foster care entrants between 1/1/01 and 6/30/01. This study found that 97 percent of these children were placed within a 30-mile radius of their homes of origin. However, the Statewide Assessment also noted that in 2000, over 500 children were placed in out-of-State residential treatment centers because in-State capacity was not sufficient to meet the specialized needs of many children in placement.

Item 12. Placement with siblings

☒ Strength ☐ Area Needing Improvement

Review Findings: Sixteen of the 26 foster care cases were applicable for an assessment of item 12 because the children in the cases had siblings who were also in foster care. In assessing item 12, reviewers were to determine whether sibling were, or had been, placed together, and, if not, whether separation was necessary to meet the needs of one or more of the children. This assessment resulted in the following findings:

- Item 12 was rated as a Strength in 14 (87.5%) of the 16 applicable cases.
- Item 12 was rated as an Area Needing Improvement in 2 (12.5%) of the 16 applicable cases.

Cases were rated as a Strength when the child was (1) in the same placement setting as at least one other sibling (10 cases), (2) in the same placement setting as all of his or her siblings (5 cases), or (3) separated from all of his/her siblings in order to meet the emotional, behavioral, or medical needs of one or more of the siblings (4 cases). Two cases were assigned a rating of Area Needing Improvement for this item when reviewers determined that the separation of siblings was not justifiable.

Stakeholders commenting on this issue were in general agreement that DCF is effective in keeping siblings together in placement. Several stakeholders in one community noted that the Safe Home is a helpful resource for keeping large sibling groups together at the time of initial placement because the Safe Homes are designed to accommodate sibling groups.

Determination and Discussion: Item 12 was assigned an overall rating of Strength based on the finding that in 87.5 percent of the cases, siblings were either placed together or there was a justifiable reason for their separation. According to the Statewide Assessment, DCF strives to keep sibling groups together and DCF believes that the network of Safe Homes afford the opportunity for first time entrant sibling groups to be placed together. Although the age range for placement in the Safe Home shelters is 3-12 years, younger children are eligible for placement if they are with siblings. The stakeholders also noted that DCF is willing to exceed capacity in licensed foster homes if that is necessary to keep siblings together. However, some concern was expressed by stakeholders that exceeding capacity may place undue stress on foster parents and may result in maltreatment of children while they are in foster care. Some stakeholders suggested that DCF may need to focus on developing additional foster homes that can accept large sibling groups rather than overloading existing ones.

Item 13. Visiting with parents and siblings in foster care

☐ Strength ☒ Area Needing Improvement

Review Findings: An assessment of item 13 was applicable for 24 of the 26 foster care cases. Cases were not applicable if the child had no siblings in foster care, if the parents could not be located, and/or if visitation with parents was considered not in the best

interests of the child. In assessing this item, reviewers were to determine (1) whether the agency had made, or was making, diligent efforts to facilitate visitation between children in foster care and their parents and siblings in foster care, and (2) whether these visits typically occurred with sufficient frequency to meet the needs of children and families. The findings of this assessment were the following:

- Item 13 was rated as a Strength in 18 (72%) of the 24 applicable cases.
- Item 13 was rated as an Area Needing Improvement in 6 (28%) of the 24 applicable cases.

An assessment of visitation between children and their mothers was applicable in 20 cases. Reviewers determined the typical visitation pattern between mothers and children to be the following:

- Once a week in 7 cases.
- Twice a month in 5 cases.
- Once a month in 2 cases.
- Less than once a month in 3 cases.
- No visits in 3 cases.

An assessment of visitation between children and their fathers was applicable for 15 cases. Reviewers identified the following visitation patterns for fathers and their children.

- Once a week in 6 cases.
- Twice a month in 1 case.
- Once a month in 2 cases.
- Less than once a month in 3 cases.
- No visits in 3 cases.

An assessment of visitation between siblings in foster care was applicable for 11 cases. The visitation patterns were as follows:

- Once a week in 4 cases.
- Twice a month in 1 case.
- Once a month in 1 case.
- Less than once a month in 1 case.
- No visits in 4 cases.

These data indicate that in 5 of the 11 applicable cases, visitation between siblings in foster care occurred less frequently than once a month.

Cases were rated as a Strength for this item when reviewers determined that visitation with mothers, fathers, and siblings, when relevant, had been sufficient to meet the needs of the child and the family. Cases rated as an Area Needing Improvement for this item were those in which reviewers determined that DCF had not made sufficient efforts to promote visitation among siblings (5 cases) or with fathers (1 case).

Most stakeholders commenting on this issue expressed the opinion that the frequency of visitation between children in foster care and their parents and siblings is appropriate and that DCF facilitates visitation by providing transportation and supervision when necessary. The findings of the case reviews support stakeholders' perceptions. In all cases reviewed in which children were placed away from their parents, DCF provided both transportation and the necessary financial supports for parents to visit their children.

Stakeholders noted that foster parents frequently facilitate visitation between siblings and between children and their parents. However, some stakeholders in one community noted that there are waiting lists for supervised visitation and that this often results in children and parents not spending a sufficient amount of time together.

Determination and Discussion: Item 13 was assigned an overall rating of Area Needing Improvement because in 28 percent of the applicable cases, reviewers determined that DCF had not made, or was not making, concerted efforts to facilitate visitation. The key problem observed in the case reviews pertained to visitation among siblings. In most cases, reviewers determined that visitation between children and their parents was strongly supported by DCF, and that workers often made considerable efforts to facilitate ongoing contact. However, the same level of effort was not observed for sibling visitation.

Item 14. Preserving connections

☒ Strength ☐ Area Needing Improvement

Review Findings: Item 14 was applicable for assessment in all 26 foster care cases. In assessing item 14, reviewers were to determine when the agency had made, or was making, diligent efforts to preserve the child's connections to family, neighborhood, community, cultural heritage, family, faith, and friends while the child was in foster care. The assessment resulted in the following findings:

- Item 14 was rated as a Strength in 24 (92%) of the 26 applicable cases.
- Item 14 was rated as an Area Needing Improvement in 2 of the 26 applicable cases.

Case reviewers indicated that in 23 of the 26 cases, children’s primary connections had been “significantly” preserved while they were in foster care, and in 3 cases, children’s primary connections had been “partially” preserved. Reviewers also determined that for the one Native American Child in the case review, the tribe had been notified of placement in a timely manner and the child had been placed with an extended family member.

Cases were rated as a Strength when connections with family were maintained, including former foster parents. The two cases that were rated as an Area Needing Improvement for this item were those in which reviewers determined that DCF had not assisted the children in maintaining linkages to their biological families.

No stakeholders commented on this issue.

Determination and Discussion: Item 14 was assigned an overall rating of Strength because in 92 percent of the cases, reviewers determined that children’s connections to family and community, particularly to their biological family, were maintained.

Item 15. Relative placement

___ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 15 was applicable for 23 of the 26 foster care cases. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care. The results of this assessment were the following:

- Item 15 was rated as a Strength in 18 (78%) of the 23 applicable cases.
- Item 15 was rated as an Area Needing Improvement in 5 (22%) of the 23 applicable cases.

Relatives were sought in 18 of the 23 applicable cases – maternal relatives were sought in 18 cases, paternal relatives were sought in 15 cases. In 6 cases, relatives were considered for placement but not accepted. Of the 23 applicable cases, 4 children were placed with relatives during the period under review —2 with a maternal grandmother, one with an older sister, and one with a maternal great aunt.

Cases were rated as an Area Needing Improvement when reviewers determined that DCF had not made sufficient efforts to search for or contact relatives. In two of these cases, reviewers discovered that the workers did not know that the child had relatives in the community, but the foster parents were aware of this.

Stakeholders commenting on this issue expressed differing perspectives. Some stakeholders suggested that DCF is effective in reaching out to relatives as potential placement resources, while other stakeholders indicated that relatives, particularly paternal relatives, are not usually sought as potential placement resources.

Determination and Discussion: Item 15 was assigned an overall rating of Area Needing Improvement because reviewers determined that in 22 percent of the cases, the agency had not made diligent efforts to locate and assess relatives as potential placement resources. However, there were many cases in which DCF contacted relatives regarding their availability as placement resources, although only four children were placed with relatives during the period under review.

The fact that only 4 of the children in the 26 foster care case were placed with relatives is not consistent with information in the Statewide Assessment indicating that in 2000, 47.3 percent of all children in foster care were placed with relatives. The Statewide Assessment also noted that by statute, caseworkers can place children with relatives after preliminary safety checks are completed and that DCF forgoes IV-E reimbursement for children placed in kinship care until the licensing process is completed within 90 days.

Item 16. Relationship of child in care with parents

 X Strength Area Needing Improvement

Review Findings: An assessment of item 16 was applicable for 21 of the 26 foster care cases. A case was considered not applicable for an assessment of this item if parental rights had been terminated or if a relationship with the parents was considered to be not in the child's best interest. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to support or maintain the bond between the child and both of his/her parents through visitation and provision of services that promote bonding. The results of this assessment were the following:

- Item 16 was rated as a Strength in 19 (90%) of the 21 applicable cases.
- Item 16 was rated as an Area Needing Improvement in 2 (10%) of the 21 applicable cases.

Cases were rated a Strength for this item when reviewers determined that the agency had made diligent efforts to promote or maintain a bond between the children and their parents. In the two cases where this item was rated an Area Needing Improvement, reviewers determined that the caseworker did not make sufficient efforts to contact a child's father (one case) or did not work with the foster family to help them support the child's relationship with the mother.

Stakeholders did not comment on this issue.

Discussion and Determination: Item 16 was assigned an overall rating of Strength because in 90 percent of the cases, reviewers determined that the agency had made sufficient efforts to support or maintain the bond between parents and their children while the children were in foster care.

III. CHILD AND FAMILY WELL-BEING

Well-Being Outcome 1

Outcome WB1: Families have enhanced capacity to provide for their children's needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Bridgeport	Waterbury	Norwich	Total Number	Total Percentage
Substantially Achieved:	12	9	12	33	66.0
Partially Achieved:	7	6	1	14	28.0
Not Achieved or Addressed:	1	0	2	3	6.0
Not Applicable:	0	0	0	0	

STATUS OF WELL-BEING OUTCOME 1

Connecticut did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in only 66 percent of the cases reviewed, which is less than the 90 percent required for a determination of substantial conformity.

A general finding of the CFSR process with regard to this outcome was that DCF practice was inconsistent with regard to the involvement of fathers in terms of services, case planning, and visitation. Non-custodial fathers often were not contacted by the DCF worker and other fathers were excluded from case activities even when they were involved with their children. Practice inconsistencies with respect to services and involvement in case planning also were observed for mothers. However, in comparison to fathers, DCF was more effective in addressing mothers' service needs, visiting mothers with appropriate frequency, and including mothers in case planning efforts.

Findings pertaining to the specific items assessed under Well-Being Outcome 1 are presented and discussed below.

Item 17. Needs and services of child, parents, foster parents

____ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 17 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether the agency had (1) adequately assessed the needs of children, parents, and foster parents; and (2) provided the services necessary to meet those needs. The results were the following:

- Item 17 was rated as a Strength in 35 (70%) of the 50 cases (17 of which were foster care cases).
- Item 17 was rated as an Area Needing Improvement in 15 (30%) of the 50 cases (9 of which were foster care cases).

Reviewers made the following determinations from the case records and case-related interviews:

- Children's needs were assessed in 43 of the 50 applicable cases and children received appropriate services in 37 of those cases.
- Mothers' needs were assessed and services provided in 36 of the 42 cases in which an assessment of mothers' needs was determined to be applicable.
- Fathers' needs were assessed and services provided in 19 of the 31 cases in which an assessment of fathers' needs was determined to be applicable.
- Foster parents' (including relative caregivers) needs were assessed and services provided in 15 of the 26 foster care cases.

In general, cases were rated as a Strength for this item when there were no unmet assessment or services needs for children, mothers, and foster parents. However, in 4 of the cases assigned a rating of Strength, reviewers noted that there had been no assessment of fathers' needs or provision of services to fathers even when the father was accessible.

A rating of Area Needing Improvement was assigned when reviewers made the following determinations:

- DCF had not provided children with services that were appropriate to their needs (8 cases).
- The family did not receive appropriate services, primarily because underlying causes were not assessed (5 cases).
- Foster parents' needs were not assessed or met (1 case).
- DCF had not provided appropriate services to the mother to further reunification efforts (1 case).

Stakeholders commenting on this issue voiced mixed opinions about DCF's effectiveness in meeting the service needs of children and families. Several stakeholders suggested that a large array of services is available to families in many areas of the State and that DCF makes appropriate use of these services. The recently implemented KidCare Initiative focusing on behavioral health services for children was identified as particularly noteworthy.

Other stakeholders commenting on this issue, however, noted that in some communities in the State there are waiting lists for services, and identified the lack of a structured independent living program in one community as particularly problematic. Stakeholders also expressed concern about the ability of DCF workers to conduct assessments that effectively identify underlying causes and problems so that appropriate services can be provided.

In addition, some stakeholders suggested that DCF attempts to provide foster parents with supports such as respite care services, support groups, and access to support workers when needed, although stakeholders noted that these services are not equally accessible across the State. However, other stakeholders indicated a lack of adequate support for foster parents from DCF.

Finally, stakeholders noted that the system is capable of generating multiple plans for case participants, such as the treatment plan, a service plan for KidCare, and plan for foster care supports services. Stakeholders suggested that there is a need to coordinate planning into one integrated case plan document.

Determination and Discussion. Item 17 was assigned an overall rating of Area Needing Improvement because in 30 percent of the cases, reviewers determined that the needs and services of children, parents, and/or foster parents had not been, or were not being, adequately addressed by DCF. The key issue observed through the case reviews was an inconsistency in the quality of assessments and service provision. In some cases, workers conducted in-depth comprehensive assessments and identified services that were appropriate to address identified needs. In other cases, assessments did not focus on potential underlying problems or needs, and services were not sufficient to resolve the problems that brought the family to the attention of the agency or to ensure the children's well-being. Finally, case reviews indicated a lack of consistency with regard to assessing and serving fathers and engaging resistant parents in services.

According to the Statewide Assessment, matching of services to needs occurs in the Initial Treatment Plan conference. Children also receive a Multi Disciplinary Exam at the point of initial placement during which child specific needs are identified. Other information from the Statewide Assessment regarding services focused primarily on the service array and availability of services and is presented under Section VIII, Service Array.

Item 18. Child and family involvement in case planning

☐ Strength ☒ Area Needing Improvement

Review Findings: An assessment of item 18 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether parents and children (if age appropriate) had been involved in the case planning process, and if not, whether their involvement was contrary to the child's best interest. A determination of involvement in case planning required that a parent had actively participated in identifying the services and goals included in the case plan. This assessment produced the following findings:

- Item 18 was rated as a Strength in 31 (62%) of the 50 cases (19 of which were foster care cases).
- Item 18 was rated as an Area Needing Improvement in 19 (38%) of the 50 cases (7 of which were foster care cases).

Specific findings of the review process were the following:

- Mothers were appropriately involved in the case planning process in 28 cases. In 10 cases, the mother was not involved but should have been. There were 6 cases in which the mother was not available to participate and 6 cases in which the mother's participation was considered to be contrary to the child's best interest.
- Fathers were appropriately involved in the case planning process in 14 cases. In 13 cases the father was not involved but should have been. There were 17 cases in which the father was not available to participate and 6 cases in which the father's participation was considered to be contrary to the child's best interest.
- Children were appropriately involved in the case planning process in 23 cases, but there were 13 cases in which the children were not involved, although reviewers determined that they were old enough to have been involved. There were 14 cases in which reviewers determined that the children were not old enough to participate in the case planning process.

Cases were assigned a rating of Strength for this item when reviewers determined that all relevant parties had actively participated in the case planning process. Cases were assigned a rating of Area Needing Improvement when reviewers determined that one or more of the key parties had not been involved in the case planning process.

There was general agreement among stakeholders commenting on this issue that DCF was not consistent in encouraging and supporting the active participation of parents in the development of case plans. Stakeholders noted that workers tend to develop the case plans and then present them to the family and that involvement generally depends on how assertive the family is. Some stakeholders noted that if there is any resistance from the family to involvement, DCF usually does not make efforts to engage them. While some stakeholders suggested that the practice of scheduling case review meetings during working hours was a barrier to parent involvement, other stakeholders noted that in some instances, DCF would engage families using teleconferencing. A few stakeholders in one of the sites included in the on-site review noted that the agency serving that site does focus on involving families in case plan development and is usually effective in achieving this goal.

Determination and Discussion: Item 18 was assigned an overall rating of Area Needing Improvement because in 38 percent of the applicable cases, reviewers determined that DCF had not appropriately involved parents or children in the case planning process.

This finding and the stakeholder comments suggest that there is an inconsistency in DCF regarding workers' compliance with the policy requirements pertaining to parent involvement in case planning. According to the Statewide Assessment, DCF policy requires caseworkers to make every effort to include children, parents and all appropriate service providers in the treatment planning process. Initial treatment plans are developed at case opening for all children in care as well as for cases open for in-home services. A Treatment Planning Conference (TPC) is held within 45 days of case opening to refine and adjust the initial treatment plan. An Administrative Case Review (ACR) is then held within 180 days and every 180 days thereafter. Information in the Statewide Assessment noted that family participation is more likely to occur in the TPC than in subsequent ACR's. Participants in focus groups conducted during the Statewide Assessment expressed concern that the ACR focuses too much on compliance with prescribed timeframes and not enough on meaningful participation in the review and re-development of the plan by parents and providers. Current DCF efforts to make the ACR process more inclusive include use of teleconferencing for foster parents and providers.

Item 19. Worker visits with child

☒ Strength ☐ Area Needing Improvement

Review Findings: An assessment of item 19 was applicable for all 50 cases reviewed. In conducting this assessment, reviewers were to determine whether the frequency of visits between caseworkers and children was sufficient to ensure adequate monitoring of the child's safety and well-being, and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. The results of this assessment were the following:

- Item 19 was rated as a Strength in 43 (86%) of the 50 cases (22 of which were foster care cases).
- Item 19 was rated as an Area Needing Improvement in 7 (14%) of the 50 cases (4 of which were foster care cases).

Reviewers noted the following with respect to typical patterns of worker visits with children:

- Visits occurred once a week in 8 cases.
- Visits occurred twice a month in 14 cases.
- Visits occurred once a month in 23 cases.
- Visits occurred less than once a month in 4 cases.
- There were no visits in 1 case.

Cases were assigned a rating of Strength for this item when reviewers determined that visits were of sufficient frequency to meet the needs of the child and focused on issues pertinent to case planning, service delivery and goal attainment. Cases were assigned a rating of Area Needing Improvement for this item when reviewers determined that (1) the frequency of visits was not consistent with child's

needs (5 cases), (2) the visits were of sufficient frequency but not quality in that the worker did not focus on issues relevant to the case plan during the visit (1 case), or (3) the frequency of visits did not meet Federal requirements for out-of-State placements (1 case).

Stakeholders commenting on this issue generally expressed concern that DCF's visitation policy appears to focus more on compliance with frequency of visits rather than on the quality of the visits.

Determination and Discussion: Item 19 was assigned an overall rating of Strength because in 87 percent of the cases, reviewers determined that the frequency of caseworker visits with children was sufficient to ensure adequate monitoring of the child's safety and well-being. This determination is not consistent with information reported in the Statewide Assessment regarding caseworker compliance with visitation standards in DCF policy. However, the standard used by the case review process is whether visiting frequency is in accord with the needs of the child and parents rather than whether it meets DCF policy.

According to the Statewide Assessment, in May of 2001, the Court Monitor for the Juan F. Consent Decree released a report, which identified problems in caseworker compliance with visitation standards in DCF policy. Policy required face-to-face contact with parents, pre-adoptive parents, alternative care providers and children weekly for the first 30 days after case opening or transfer, and alternating weekly face-to-face and phone contact thereafter. As a result of a stipulated agreement visiting requirements have been modified and will be monitored through the LINK and ACR (Administrative Case Review) systems. The Statewide Assessment noted that data available through the ACRs indicate that whereas DCF caseworkers comply with contact requirements that had been established in treatment plans 86.5 percent of the time, only 46.8 percent met the more stringent standards set by the Consent Decree prior to the recently stipulated modifications.

Item 20. Worker visits with parents

☐ Strength ☒ Area Needing Improvement

Review Findings: An assessment of item 20 was applicable for 41 of the 50 cases reviewed. Cases that were considered not applicable for an assessment of this item were those in which (1) parental rights had been terminated and the parents were no longer involved in planning for the child; or (2) the parents could not be located despite diligent efforts by the agency. Reviewers were to assess whether the caseworker had sufficient face-to-face contact with the mothers and fathers of the children to promote attainment of the child's permanency goal and ensure the child's safety and well-being and whether the contacts focused on issues pertinent to case planning, service delivery, and goal attainment. The results of this assessment were the following:

- Item 20 was rated as a Strength in 32 (78%) of the 41 applicable cases (13 of which were foster care cases).

- Item 20 was rated as an Area Needing Improvement in 9 (22%) of the 41 applicable cases (4 of which were foster care cases).

Specific findings of the review with respect to typical visitation between workers and parents were the following:

- In 6 cases, parents were visited once a week.
- In 15 cases, parents were visited twice a month.
- In 13 cases, parents were visited once a month.
- In 6 cases, parents were visited less than once a month.
- In 1 case, there were no visits with parents.

Cases were rated as a Strength when reviewers determined that the frequency and quality of visits were sufficient to address the parents' needs and promote attainment of case goals. Cases were rated as an Area Needing Improvement when reviewers determined that the frequency of visits with fathers was not sufficient (5 cases), the frequency of visits with mothers was not consistent with the mothers' needs (2 cases), or the visits did not focus on issues pertinent to case planning or goal attainment (2 cases).

Determination and Discussion: This item was assigned an overall rating of Area Needing Improvement because in 22 percent of the cases, reviewers determined that visits with parents were not sufficiently frequent or of sufficient quality to promote the safety and well-being of the child or increase movement toward permanency for the child. Although many workers visited parents on a fairly frequent basis, this practice was not consistent across cases, particularly with respect to fathers. The lack of contact with fathers was a concern voiced by both reviewers and stakeholders.

Child Well Being Outcome 2

Outcome WB2: Children receive appropriate services to meet their educational needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Bridgeport	Waterbury	Norwich	Total Number	Total Percentage
Substantially Achieved:	17	10	9	36	90.0
Partially Achieved:	0	3	1	4	10.0
Not Achieved or Addressed:	0	0	0	0	0
Not Applicable:	3	2	5	10	

STATUS OF WELL-BEING OUTCOME 2

Connecticut achieved substantial conformity with Well-Being Outcome 2. This determination is based on the finding that 90 percent of the cases reviewed were found to have substantially achieved this outcome, which meets the requirement for substantial conformity.

The general CFSR finding for the outcome was that DCF was highly effective in both assessing children's needs for education-related services, and ensuring that services were provided to meet those needs. The findings for the item assessed for this outcome are presented below:

Item 21. Educational needs of the child

☒ Strength ☐ Area Needing Improvement

Review Findings: An assessment of item 21 was applicable for 40 of the 50 cases reviewed. Cases that were not applicable for assessment were those in which the children were too young to be enrolled in school or preschool, or those in-home services cases in which the children did not have education-related issues. In assessing this item, reviewers were to determine whether the child's educational needs were assessed and whether appropriate services were provided to meet those needs. The results of this assessment were the following:

- Item 21 was rated as a Strength in 37 (90%) of the 41 applicable cases (23 of which were foster care cases).
- Item 21 was rated as an Area Needing Improvement in 4 (10%) of the 41 applicable cases (1 of which was a foster care case).

Reviewers reported the following findings with respect to this item:

- 44 of the 50 children were of pre-school or school age.
- 9 children had multiple school changes as a result of being in foster care.
- Educational needs were assessed in all but one of the applicable cases.
- Services were provided to meet educational needs in all but 4 of the applicable cases.
- Educational information was given to foster parents in all 16 applicable cases.

Cases were rated as a Strength for this item when educational needs were assessed and appropriate services provided. Cases were rated as an Area Needing Improvement for this item when the agency did not address educational needs in the case plan (2 cases), or when the agency did not advocate with the schools to ensure that children's needs were addressed (2 cases).

Stakeholders commenting on the issue of education expressed the opinion that foster parents tend to advocate with the schools to meet the educational needs of children in foster care. Stakeholders also noted that DCF has a Regional Resource Group that has an Education Specialist who can attend Pupil Parent Team Meetings.

Determination and Discussion: Item 21 was assigned an overall rating of Strength because for 90 percent of the cases, reviewers determined that DCF had effectively and appropriately addressed children's educational needs. This finding is consistent with information in the Statewide Assessment regarding DCF's emphasis on the importance of addressing children's educational needs. The Statewide Assessment also noted that DCF believes that more attention is paid to the educational needs of children in foster care than to children who remain in their homes. Although the case review did result in findings that provide some support for this statement (e.g., 3 of the 4 cases rated as Area Needing Improvement were in-home services cases), there also were many examples of cases in which DCF workers made concerted efforts to attend to the education-related needs of children in in-home services cases.

The Statewide Assessment also noted that each Region has an Educational Consultant to assist caseworkers with educational planning and services for the children in their caseloads. Educational status is reviewed during the ACR. As a result of the evaluation of educational services to children that was part of the Statewide Assessment, a decision was made to monitor educational status during the qualitative case review that precedes the ACR.

As noted in the Statewide Assessment, DCF has extensive policies related to ensuring that educational needs of children in residential or institutional care are met. Specialized teams (Placement Review Teams and Planning and Placement Teams) evaluate and review the educational needs of children in treatment facilities to ensure appropriate placement and services in community schools when that is possible.

Child Well Being Outcome 3

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Bridgeport	Waterbury	Norwich	Total Number	Total Percentage
Substantially Achieved:	15	10	10	35	71.5
Partially Achieved:	3	2	3	8	16.3
Not Achieved or Addressed:	1	3	2	6	12.2
Not Applicable:	1	0	0	1	

STATUS OF WELL-BEING OUTCOME 3

Connecticut did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in only 71.5 percent of the applicable cases, which is less than the 90 percent required for a determination of substantial conformity.

A general finding of the CFSR process was that DCF is not consistent in its efforts to adequately assess and meet children's physical and mental health needs. Although in the majority of cases, workers did make diligent efforts to address these issues, this did not occur with sufficient frequency to warrant a rating of substantial conformity.

Findings pertaining to the specific items assessed under Well-Being Outcome 3 are presented and discussed below.

Item 22. Physical health of the child

☐ Strength ☒ Area Needing Improvement

Review Findings: An assessment of item 22 was applicable for 43 of the 50 cases reviewed. Cases that were not applicable for this assessment were in-home services cases for which no physical health issues were identified. In assessing this item, reviewers were to determine whether (1) children's physical health needs had been appropriately assessed, and (2) the services necessary to meet those needs had been, or were being, provided. The findings of this assessment were the following:

- Item 22 was rated as a Strength in 36 (84%) of the 43 applicable cases (22 of which were foster care cases).
- Item 22 was rated as an Area Needing Improvement in 7 (16%) of the 43 applicable cases (3 of which were foster care cases).

Specific findings with respect to this item were the following:

- In 19 of the 26 foster care cases, the child was given a health screening at entry into foster care.
- In 23 of the 43 applicable cases, reviewers determined that necessary services were provided to meet health needs.

Cases were rated as a Strength for this item when the children's health needs were routinely assessed and services provided as needed. For in-home cases, a rating of Strength was assigned when reviewers determined that the DCF worker had assessed whether the children in the families had any health-related needs and had assisted the family in obtaining services to meet any identified needs.

Cases were rated as an Area Needing Improvement when reviewers determined one or more of the following:

- The child did not receive a comprehensive health assessment at entry into foster care (7 cases).
- The child had specific needs for health care services that were not being met (3 cases).
- There was no evidence that children were receiving preventive health care services (3 cases).

Stakeholders' comments regarding the issue of children's health needs and services focused primarily on the issue of service array and are presented in Section VIII under the Systemic Factor of Service Array.

Determination and Discussion: Item 22 was assigned an overall rating of Area Needing Improvement because in 16 percent of the applicable cases, reviewers determined that DCF was not adequately addressing the health needs of children in both foster care and in-home services cases. A key concern is that while services and policies are in place, DCF workers are not always consistent in following these policies.

Item 23. Mental health of the child

____ Strength X Area Needing Improvement

Review Findings: An assessment of item 23 was applicable for 43 of the 50 cases reviewed. Cases that were not applicable were foster care cases in which the child was too young for an assessment of mental health needs, and in-home services cases in which the children's mental health needs were not an issue. In assessing this item, reviewers were to determine whether (1) mental health needs had been appropriately assessed and (2) appropriate services to address those needs had been provided. The findings of this assessment were the following:

- Item 23 was rated as a Strength in 31 (72%) of the 43 applicable cases (18 of which were foster care cases).
- Item 23 was rated as an Area Needing Improvement in 12 (28%) of the 43 applicable cases (5 of which were foster care cases).

For the 43 applicable cases, reviewers noted that children’s mental health needs were “significantly” assessed in 28 cases, “partially” assessed in 10 cases, and “not at all” assessed in 4 cases. Reviewers also reported that mental health needs were “significantly” met for 25 cases, “partially” met for 7 cases, and “not at all” met for 8 cases.

Cases were assigned a rating of Strength when reviewers determined that mental health needs were “significantly” assessed and the identified needs for services were “significantly” met. Two cases were rated a Strength for this item even though reviewers determined that mental health needs had only been partially assessed and partially met. The item was rated as an Area Needing Improvement when reviewers determined that assessments and services were provided only partially or not at all.

Stakeholders commenting on this issue focused primarily on the long waiting lists for mental health services in many areas of the State, particularly for Spanish speaking families.

Determination and Discussion: Item 23 was assigned an overall rating of Area Needing Improvement because in 28 percent of the applicable cases, reviewers determined that DCF was not adequately addressing children’s mental health assessment and service needs. Of particular concern is the fact that mental health needs were not met at all in 8 cases and were only partially met in 7 cases. According to the Statewide Assessment, multi-disciplinary exams, including a behavioral health assessment, are required for all children entering care. However, the case review finding suggests that DCF may be inconsistent in providing services suggested by the assessments. Also, Regional Resource Groups and substance abuse specialists are available to provide consultation to caseworkers in identifying and coordinating appropriate community-based services for children and youth in their caseloads. However, this finding indicates that DCF is not consistently providing mental health services to meet the needs of the children and youth served.

SECTION 2: SYSTEMIC FACTORS

IV. STATEWIDE INFORMATION SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2X	3	4

STATUS OF STATEWIDE INFORMATION SYSTEM

Connecticut is not in substantial conformity with the factor of Statewide Information System. Findings relevant to the specific items assessed for this factor are presented below.

Item 24. State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

____ Strength __X__ Area Needing Improvement

Item 24 was rated as an Area Needing Improvement because functional enhancements to ensure LINKS capacity to identify the goals for the placement of every child who is in foster care were not fully implemented at the time of the review. Although corrections to the LINK system are being operationalized, compliance with the State Plan requirement relative to the reporting of case plan goals will not be confirmed until the AFCARS submission of October 2002.

According to the Statewide Assessment, Connecticut's Statewide Automated Child Welfare Information System (LINK) was operationalized in June 1996, replacing a legacy system that had been in place since the 1980's. Because of the timetable stipulated as part of the Juan F. Consent Decree, implementation of the system across the State occurred without piloting. Since implementation, the first priority of the State has been to use LINK to generate the data and reports required by DCF Management and the Court Monitor to assess compliance with the Consent Decree. Also, the use of LINK to record case narrative has been emphasized.

Although the Statewide Assessment noted that LINK has the functionality to identify the status, demographic characteristics, location, and goals for the placement of all children in foster care, stakeholders questioned the accuracy and reliability of the data. Additionally, the Statewide Assessment notes that the case history and current information is available to the Hotline staff, who can conduct an immediate search for persons and cases upon receipt of reports. However Stakeholders question LINK's ability to relate separate cases for a mother and father, inhibiting coordination of these cases.

Stakeholders noted that an evaluation of the LINK system by the Court Monitor in April 2001, the Federal AFCARS Review conducted in July 2001, and the need to produce more accurate data for the CFSR motivated corrections in mapping and coding, and eliminated missing information and default data. These recent intensive efforts to improve LINK functioning and prioritize its use lead stakeholders to believe that data is far more reliable now. They note that reporting on removals from home and placement settings is improving. The inability of the system to capture Case Plan goal information has been corrected, with accurate reporting capacity to be demonstrated in the AFCARS submission of October 2002.

Stakeholders attribute their continuing concerns about LINK to incomplete data-entry in the field. LINK is perceived by staff to be non-intuitive and difficult to use. The need to re-enter the same data in numerous places, and the time required to fully comply with data entry requirements are cited as obstacles to use. Additionally, although staff receive a "first exposure" to LINK in pre-service, insufficient additional training to support LINK use in the field is noted by Stakeholders to be a deterrent to full user compliance. Although the administration has prioritized the elimination of hand counts, managers report they still rely on them to provide critical information they can not obtain through LINK.

Stakeholders opinions regarding potential areas for LINK improvements included the following:

- LINK is not able to generate reports based on longitudinal analysis. The current reports provide "snapshots" of what is going on using point-in-time data.
- Treatment plans for adolescents do not match LINK's treatment plan menus.
- Staff must access a separate system to get "pre-LINK" information on child abuse and neglect.
- Staff training on LINK should be offered on an ongoing basis rather than relying on memos alerting staff to system upgrades.

Internal stakeholders identified several aspects of the system that they find useful, such as the calendar, the case listings, the Intranet (which has useful information about investigations and re-licensing status), and the child profiles that can be generated for foster parents. Internal stakeholders also noted that the DCF Central Office uses LINK to track cases, as a quality assurance (QA) tool, and for generating information for Regional Offices.

V. CASE REVIEW SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2X	3	4

STATUS OF CASE REVIEW SYSTEM

Connecticut is not in substantial conformity with the systemic factor of Case Review System. Findings relevant to the specific items assessed for this factor are presented below.

Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

____ Strength __X__ Area Needing Improvement

Item 25 was rated as an Area Needing Improvement because although DCF is consistent in convening Treatment Planning Conferences (TPC) and Administrative Case Reviews (ACR) to ensure that each child has a case plan, the general consensus of stakeholders was that neither process functions as a means to engage families in the case planning process and parents are not routinely perceived as partners with the agency in the development of the case plan.

According to the Statewide Assessment, DCF has a well-developed and closely monitored system to ensure that each child has a written case plan. At the point at which a case is opened, an Initial Treatment Plan is developed that identifies needs and services. Within 45 days, a TPC is held to which all parties, including parents, child (if appropriate), and relevant treatment providers are invited. The purpose of the TPC is to negotiate a finalized version of the treatment plan. As noted in the Statewide Assessment, staff regard the TPC as the primary forum for parental/child participation in the development of the treatment plan, which documents permanency goals; responsibilities of all parties; services and compliance with services; placement and visitation arrangements; and

the child's status with regard to education, health, and behavioral health. An ACR is held every 6 months to review the treatment plan and monitor progress. The Statewide Assessment notes that parents are routinely invited to both the TPC and the ACR, although according to anecdotal information from staff, parents are more likely to attend the TPC than they are to attend the ACR. Stakeholders commenting on this issue noted that the TPC is used to establish the case plan and the ACR is designed to meet the periodic review requirement. Stakeholders also expressed the opinion that parents are not routinely involved in the development of the case plan. This perception is consistent with findings of the case review process indicating that in 38 percent of the cases, reviewers determined that families had not been appropriately involved in the development of the case plan. Internal stakeholders acknowledged that case plans often are created before the TPC, and that many caseworkers do not perceive the development of the case plan as a partnership activity with parents, although this is not true for all caseworkers. In one Region, it was noted that DCF is exploring the possibility of piloting a Family Group Decision Making planning model to determine whether that would improve the engagement of families in case planning.

A few stakeholders suggested that one of the difficulties with involving parents in the case planning process, particularly the ACR, is that the ACR is held on a time schedule that does not accommodate family work schedules, or even the schedules of private providers or other invited stakeholders. These stakeholders noted that as a result of the scheduling inflexibility, the ACR tends to be poorly attended by all invitees. One internal stakeholder in one region disagreed with this perception and noted that foster parents and services providers sometimes can and do participate by teleconference, that there is an effort to schedule reviews with school-age children late in the afternoon, that teleconferencing is sometimes set up for children in facilities that are far away, and that transportation and child care assistance are provided to parents to facilitate their attendance.

Stakeholders commenting on the quality of case plans expressed differing perceptions. Although some stakeholders suggested that case plans are perfunctory, others voiced the opinion that they are individualized to meet the unique needs of families and children. Internal stakeholders were in agreement that the new case plans in LINK are cumbersome and are missing key areas such as education, legal, and medical issues.

Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

 X Strength Area Needing Improvement

Item 26 was rated as a Strength because DCF ensures that each child's case plan is reviewed every 6 months through an ACR.

According to the Statewide Assessment, the treatment plan is reviewed approximately once every 6 months during the ACR. Prior to each ACR, there is a Quality Case Review that assesses each case for conformity to policy and quality of case practice. When issues are identified as needing attention, case managers are notified. An assessment of compliance with the TPC and ACR procedures for the period from 10/99 to 9/00 resulted in a finding that in 95 percent of the cases, the TPC and the ACR were held in a timely manner.

There was general consensus among stakeholders that an ACR is held every 6 months for each case. Stakeholders also noted that the current process is more comprehensive than the prior ACR process, and that it now requires advance preparation on the part of the workers. Internal stakeholders indicated that social workers perceive the ACR as a meaningful review and that changes may be made to treatment plans as a result of the ACR. However, some stakeholders also noted that although the ACR may result in specific recommendations, they are not necessarily always implemented.

A few stakeholders indicated that the ACR is not being used as effectively as it could be as a tool for moving children toward permanency. For example, the ACR does not focus on the length of time it is taking for children to attain permanency. These stakeholders expressed concern that the ACR addresses process requirements rather than assessing outcomes for children.

Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

☐ Strength ☒ Area Needing Improvement

Item 27 was rated as an Area Needing Improvement because stakeholders suggested that although permanency hearings are routinely held, they frequently lead to full evidentiary hearings that result in delaying rather than expediting permanency for children.

According to the Statewide Assessment, DCF submits a Permanent Plan to Juvenile Court for all minor children in care, including youth with independent living goals and youth adjudicated delinquent and in the care and custody of DCF. These plans are filed 9 months following a 96-hour hold, the signing of a voluntary placement agreement, or a court order authorizing that placement has occurred. The plan must identify a permanent goal of adoption, reunification, guardianship, long term foster care with a fit and willing relative, or “other” (long-term placement with a non-relative, or independent living). If “other” is designated, the Department must present evidence of a compelling reason to the court.

As noted in the Statewide Assessment, the filing of a permanent plan with Juvenile Court is perceived as exacerbating already existing backlogs and delays related to the full evidentiary hearings that are triggered if parents oppose the permanent goal submitted to the Court. The Judicial Branch is in the process of reviewing the Permanency Hearing process and is committed to making efforts that will enhance the meaningfulness of these events.

Stakeholders expressed a variety of opinions regarding the issue of permanency hearings. Some stakeholders noted that permanency hearings are held in a timely manner and provide parents with the opportunity to file an alternative plan. However, the majority of stakeholders commenting on this issue expressed concern regarding the permanency hearing. Some stakeholders were dismissive of permanency hearings because the results are not binding. As these stakeholders noted, 12-month hearings are statutory rather than fact-driven, so they are not major decision points. In reality, decisions to order return home or terminate parental rights are made between the 12-month hearings.

Some stakeholders expressed frustration with the Federal requirement for permanency hearings. They noted that the hearings are a drain on court time and resources because they created an adversarial process rather than a review of the child's status. Attorneys for parents use the hearing to "re-litigate" the issues and they demand full evidentiary hearings on the merits. Stakeholders suggested that this may have the effect of extending the time required to move a child to permanency and may explain some of the difficulties DCF experiences in attaining permanency for children.

Stakeholders also noted that although prior to TPR there is a requirement that a permanency hearing be held every 12 months, the judge or the case attorney can set hearings on a more frequent basis. One judge holds permanency plan reviews 9 months after a child is committed. He also holds case status conferences prior to that to discuss case progress. The Statewide Assessment notes that the filing of a permanency motion within nine months of a child's removal, a hearing within 90 days of that filing, and every 12 months thereafter are required by statute. However, several stakeholders believed that the annual permanency hearing requirement is no longer in place after TPR, and expressed concern that therefore courts cannot review efforts to attain permanency for some children.

Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

☐ Strength ☒ Area Needing Improvement

Item 28 was rated as an Area Needing Improvement because although there is a process in place for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act, the process is not implemented on a consistent basis.

According to the Statewide Assessment, within DCF, the Bureau of Child Welfare tracks the filing of TPR's for children in care 15 out of 22 months with a case goal of adoption. Data collected by DCF cited in the Statewide Assessment indicate that filings regularly exceed the targets by 90 percent or more.

The Statewide Assessment also noted that when a decision to file for TPR has been made, the case is transferred to a permanency unit. This means that the case is transferred from an ongoing treatment worker to a specialist in the "permanency unit" who is responsible for writing and filing the TPR petition. Principal attorneys in the Regions support caseworkers in the preparation of TPR petitions. As noted in the Statewide Assessment, the transfer to a new caseworker at the decision point for filing is considered to be a possible cause for the delays experienced by DCF in filing a TPR petition. The Statewide Assessment also reported that delays occurred between filing the TPR petition and the TPR hearing, and between the court finding of TPR and the filing of an adoption application in Probate Court.

Also according to the Statewide Assessment, the Judicial Branch has created a Case Management Protocol to improve timeliness in the scheduling and hearing of cases. Also, the Appellate Court has worked collaboratively with Juvenile Court to prioritize termination appeals and streamline the process for moving them to resolution.

Stakeholders commenting on this issue indicated that DCF does have a process for TPR in accordance with ASFA requirements. These stakeholders noted that there has been an increase in filings for TPR, and that use of TPR exceptions is viewed as appropriate. However, stakeholders also indicated that workers do not always file a TPR petition in a timely manner. This perception is consistent with case review findings that DCF had filed a TPR petition in only 7 of the 17 cases in which children had been in foster care for 15 of the previous 22 months.

The Statewide Assessment notes that the Bureau of Child Welfare monitors the tracking of children in care for 15 of 22 months, with goals for the filing of appropriate TPR's routinely exceeded. Yet some stakeholders noted that delays in filing of some TPR's may be due to the fact that in some instances, the 15 month "count" does not begin until the case has been adjudicated, which can occur up to 8 or 9 months after a child has been placed in foster care despite. Other delays in attaining TPR were attributed to continuances and crowded court dockets.

Item 29. Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

____ Strength __X__ Area Needing Improvement

Item 29 is rated as an Area Needing Improvement because although there are procedures in place for notifying foster parents, pre-adoptive parents, and relative caregivers regarding hearings and reviews, these procedures are not adhered to on a consistent basis.

According to the Statewide Assessment, DCF requires that foster parents, pre-adoptive parents, and relative caregivers be notified of and invited to Treatment Planning Conferences and Administrative Case Reviews. Although there are some regional differences in rates of compliance, proper notice is given to all prospective participants in over 88 percent of all cases.

The Statewide Assessment also indicated that foster parents have a statutory right to be heard at Juvenile Court hearings and that DCF routinely notifies foster parents of this opportunity for the first scheduled hearing. Although there is a procedure for notification of subsequent hearings or case status conferences in court, it is not consistently adhered to.

As noted in the Statewide Assessment, there is no uniform protocol for caregiver participation in court events. Some judges limit participation while others permit foster parents to be present throughout the entire hearing. The issue of foster parent participation in court proceedings has been brought to the attention of the Court Administrator by the Connecticut Association of Foster and Adoptive Parents (CAFAP). CAFAP has encouraged caregivers to write to the court to express their views if they are unable to be in attendance.

Stakeholders were in general agreement that foster parents are routinely notified about the ACRs, usually attend, and perceive them as informative and useful. However, stakeholders also expressed the opinion that notification of court hearings is very inconsistent. Some stakeholders expressed the opinion that foster parents' attendance in court is sometimes discouraged by workers, while other stakeholders noted that it is discouraged by the court. During interviews with stakeholders it was revealed that very few (including foster parents themselves) were aware that foster parents had a statutory right to be heard at Juvenile Court (which may include speaking at court hearings, sending in written comments, or giving input in other ways), and some court personnel were not aware of this right. Stakeholders noted that most judges do not agree with letting foster parents speak at the court hearing or even be present. Some judges made the foster parents wait in the hall if the parent objected to having them in the courtroom.

VI. QUALITY ASSURANCE SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4X

STATUS OF QUALITY ASSURANCE SYSTEM

Connecticut is in substantial conformity with the factor of Quality Assurance System. Findings relevant to the specific items assessed for this factor are presented below.

Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

 X Strength Area Needing Improvement

Item 30 was rated as a Strength because the State has developed and implemented standards to ensure that children in foster care are provided quality services to ensure their safety and health.

According to the Statewide Assessment, DCF regulations and policy with regard to children in foster care conform to nationally recognized guidelines established by the Child Welfare League of America, the Council on Accreditation Standards for Family Foster Care, the Joint Commission on Accreditation of Healthcare Organizations, and the Program Standards for Treatment Foster Care.

The development of foster, kin and adoptive homes is managed centrally by the Office of Foster and Adoption Services (OFAS). OFAS oversees the operation of regionally located Foster and Adoptive Services Units that train, license, re-license, monitor and support the homes that are developed in their regions. Licensing requirements cover all aspects of health and safety and include a thorough assessment of applicant family functioning. Bi-annual re-licensure of foster parents incorporates feedback from staff who have had children placed in the home seeking re-approval.

The Statewide Assessment also noted that DCF facilities are in conformance with national performance standards. A specialized unit (Program Review and Evaluation) monitors and evaluates the effectiveness of both in- and out-of-State facilities and meets bi-monthly or more frequently with the DCF Commissioner and bureau chiefs to identify issues and share information on the performance of facilities.

Stakeholders commenting on this issue were in agreement that adequate standards are in place for foster and adoptive homes and residential placements. Stakeholders noted that foster parents report timely licensing visits and health and safety checks and that State licensing staff review out-of-State residential facilities in which Connecticut children are placed.

Stakeholders also reported that DCF is vigilant in responding to reports of maltreatment in foster care. However, some stakeholders suggested that DCF may not accord foster parents appropriate respect during an investigation of an allegation or provide them with supports while going through the process.

Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

☒ Strength ☐ Area Needing Improvement

Item 31 was rated as a Strength because DCF has developed a quality assurance system that evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures.

According to the Statewide Assessment, pursuant to the Juan F. Consent Decree, DCF developed a Quality Assurance (QA) System that is extensive, multi-layered, and highly specialized. QA within DCF is governed by the Quality Council, which is comprised of a broad representation of management from all the operational and planning divisions. The Quality Council is chaired by the Commissioner and meets bi-weekly to monitor the DCF's plan to ensure and promote quality, known as the IMPROVE Plan.

The Statewide Assessment also notes that it is the responsibility of the Bureau of Quality Management (BQM) to implement the IMPROVE plan, which delineates the specific targets for assessment, evaluation, and corrective action. There are four divisions within the BQM: Administrative Law and Policy, Research Support and Analysis, Internal Quality Improvement, and Quality Assurance. These four divisions contain specialty units responsible for QA activities covering law, policy, licensing and regulations, administrative hearings, performance based contracting, intranet, website and resource directory maintenance, treatment planning and

administrative review conferences, quality case reviews, case practice reviews, child death reviews, and in and out of State program reviews. BQM also conducts Consent Decree and other specified reviews on a statistically representative sample of case records, producing reports for managers and tracking the results of changes implemented through follow up studies.

Stakeholders commenting on this issue noted that the State generates QA reports that are sent to the regions and local offices. Local level stakeholders suggested that these reports are viewed as less helpful to local managers than locally-based reports because of concerns about the accuracy of the LINK data that are used to generate the State reports. At one local site, there is a staff person who reviews records and conducts hand counts to generate management reports. According to stakeholders at this site, these reports have increased staff accountability. At another local site, stakeholders noted that the Regional Administrator uses a spreadsheet to track unit performance to identify strengths and problem areas, and conducts a longitudinal assessment to assess trends in certain areas.

Stakeholders also reported that ACR facilitators function as QA staff, because they are in a position to track issues related to safety, services, the filing of a TPR, and general case practice. Managerial and corrective action processes are implemented when the ACR reveals casework that does not meet policy standards.

VII. TRAINING

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3X	4

STATUS OF TRAINING

Connecticut is in substantial conformity with the systemic factor of Training. Findings relevant to the specific items assessed for this factor are presented below.

Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

☒ X Strength ☐ Area Needing Improvement

Item 32 is rated as a Strength because DCF operates a staff development and training program that supports the goals and objectives in the CFSP and provides initial training for all staff who deliver services provided under titles IV-B and IV-E.

According to the Statewide Assessment, DCF, with the guidance of an Advisory Board, operates a Training Academy, which provides pre-service, in-service, and community training to meet the full range of DCF's training needs. As part of the pre-service training program, competency-based classroom training is balanced with field experience under the supervision of regional training supervisors. Training modules developed by the Ohio Institute of Human Services and the Child Welfare League of America are adapted for the Connecticut child welfare system. The achievement of successful "transfer of learning" is evaluated through pre- and post-testing, and through aggregate data collected in the ACR process in which case practice in individual cases is assessed. As indicated in the Statewide Assessment, DCF is focusing on improving training by enhancing hands-on learning in pre-service training and promoting more participation in LINK training.

Stakeholders commenting on this issue acknowledged that all workers receive basic initial training through the DCF Training Academy. Stakeholders also noted that the Academy develops new training modules to respond to the changing needs and priorities of the agency and of the State and Federal governments. Many stakeholders described the caseworker training as effective and the large majority of caseworkers as knowledgeable and focused on their role as service providers for the benefit of children.

Some stakeholders expressed the opinion that new worker training relies too heavily on theory as opposed to practical application. Although workers receive an initial caseload after completing their first module to allow on-the-job learning while they continue training 4 days a week, several stakeholders indicated that strategies such as "shadowing" and "mentoring" that gradually integrate the worker into ongoing job requirements should be used more often as part of the training effort. A few stakeholders noted that there is a need for training on permanency and the impact of lack of permanency on a child. Other stakeholders indicated that staff at juvenile justice facilities do not get sufficient training on how to work with families.

Some stakeholders noted that case aides attend mandatory training that focuses on topics such as car seat safety, first aide and CPR. This equips them to facilitate family visits.

Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

☐ Strength ☒ Area Needing Improvement

Item 33 was rated as an Area Needing Improvement because although there are a wide range of ongoing training opportunities, stakeholders noted that there is no standardized core curriculum for staff beyond the pre-service training. Stakeholders reported that although staff are entitled to five days of ongoing training, attendance is not required, and there is no evidence of a coordinated DCF effort to promote ongoing skills development.

According to the Statewide Assessment, in-service training is offered to staff at all levels on a wide variety of relevant topics. Participation in training is tracked. In SFY 2001, 3,838 staff attended at least one training event. Accessibility to training is enhanced by the video Knowledge Network that is presently operational in 8 locations statewide. Train-the-trainer curricula provided through the central Training Academy enable DCF to provide regionally based learning experiences for staff.

The Statewide Assessment also notes that the Training Academy has developed curricula tailored to meet the needs of specific groups. For example, investigative staff, who are drawn from the pool of caseworkers with at least two years of treatment practice, receive mandatory training on topics germane to child protective investigation before they are assigned a caseload. DCF also supports advanced staff development through collaborative efforts with the University of Connecticut and the Southern Connecticut State University by providing paid internships, stipends, leave without pay and caseload reduction agreements to workers enrolled in a Masters of Social Work (MSW) program. More than 40 staff enrolled in an MSW track took advantage of these opportunities in SFY 2000 and 2001.

Stakeholders commenting on this issue noted that staff development is encouraged and supported by management, although DCF does not require ongoing participation in training. Several ongoing training opportunities were noted by stakeholders, including training for new supervisors using a curriculum from the American Humane Association and training in the areas of workplace violence, cultural diversity, and time management. Some stakeholders noted that staff who wish to attend training conferences in other States are provided with resources to do so. In addition, mental health service providers offer training for DCF staff on mental health issues and accessing mental health services. However, some stakeholders commenting on this issue noted that current ongoing training efforts are topic oriented and do not address the broader issue of how workers need to be performing their jobs.

A few stakeholders suggested that the distance required to travel to training sessions and the demands of a full caseload often serve as barriers to participation in ongoing training. Some internal stakeholders expressed interest in the development of regional training programs.

Stakeholders identified the following topics as areas where ongoing staff training is needed:

- More specific in-depth training for specialized units, such as sexual abuse units.
- Cultural competency training (one site included in the CFSR implemented a cultural competency training called Study Circles that was reported by stakeholders to be effective).
- Concurrent planning.
- Permanency planning.
- Compelling reasons (from ASFA).
- General needs assessments.
- Mental health assessment and treatment.
- Substance abuse treatment.
- Court processes and rules.

Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

 X Strength Area Needing Improvement

Item 34 is rated as an Area Needing Improvement because the State provides adequate training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved childcare facilities.

According to the Statewide Assessment, DCF trains direct care staff, educators, and managers in all of the DCF facilities in a wide variety of relevant topics including restraint and seclusion techniques. Three days of initial training are followed by 5 to 8 hours of a refresher curriculum annually. By regulation all staff of DCF licensed or approved childcare institutions receive mandatory reporter training and are also required to receive basic health and safety instruction in caring for children.

The Statewide Assessment also notes that all prospective foster and adoptive parents are required to complete the CWLA PRIDE training as a requirement for licensing. DCF training staff are paired with experienced foster parents in delivering pre-service training

to applicants. While kinship care applicants currently receive training that is child specific, they are encouraged to attend PRIDE as well. DCF is in the process of developing a training curriculum that targets the unique needs of relative caregivers and after June 2002, the agency will begin requiring relative caregivers to attend training in their first three months as caregivers. Although 521 caregivers completed one or more training modules between 7/00 and 6/01, fiscal constraints have limited DCF's ability to schedule the full complement of training events planned. Foster parents caring for special populations such as children with medically complex needs are required to complete additional skill-enhancing trainings. Agencies contracted to develop therapeutic and specialized foster homes generally use the PRIDE pre-service curriculum.

Stakeholders commenting on this issue expressed mixed opinions regarding the PRIDE curriculum. While some stakeholders suggested that the training is repetitive, not sufficiently interactive, and not sufficiently realistic, many others described PRIDE as excellent training for foster parents. These stakeholders noted that feedback from foster parents is that the PRIDE training taught them to be better parents in general, as well as better foster parents. However, these stakeholders also noted that while the teamwork training component of PRIDE is good, the practice of "teamwork" between foster parents and workers needs to be implemented rather than remaining a theoretical ideal. In addition, stakeholders noted that the training does not focus on helping foster parents work effectively with biological parents.

Another concern expressed by stakeholders is that PRIDE is not available in Spanish, and although DCF does have a training curriculum for Hispanic foster parents, it is not considered to be as strong as the PRIDE curriculum.

Once foster parents complete the 45 hours of training required for licensure, they must participate in 9 hours of training each following year. To meet this requirement, DCF offers ongoing training for foster and adoptive parents on specific topics such as effective discipline and attachment reactive disorder. However, stakeholders noted that there is no mechanism to ensure that foster parents participate in ongoing training and there are no consequences if they do not. The general consensus of stakeholders commenting on this issue was that although some foster parents do attend ongoing training, many do not. Some stakeholders also noted that DCF operates a foster parent mentoring program matching veteran foster parents with new foster parents.

VIII. SERVICE ARRAY

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3X	4

STATUS OF SERVICE ARRAY

Connecticut is in substantial conformity with the factor of Service Array. Findings relevant to the specific items assessed for this factor are presented below.

Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

☒ X Strength ☐ Area Needing Improvement

Item 35 is rated as a Strength because the State has in place an array of services to meet the needs of children and families.

According to the Statewide Assessment, Connecticut has a broad and rich array of services that have evolved from an annual needs assessment, program evaluation, and service development process known as the PARA Plan (Program Assessment and Resource Allocation Plan). A major feature of the Juan F. Consent Decree, the PARA Plan involves the participation of DCF staff, consumers, providers, and the Court Monitor and Juan F Consent Decree Next Friends. The Plan is designed to ensure equal, relevant and accessible services to all consumers statewide. The development of new programs and the continuation or expansion of existing services is based on caseload calculations and utilization review. Services fall into four major categories: Support Services for Families, Outpatient Services, Out of Home Placement (Family Model), and Out of Home Placements (Congregate Models). Unique service needs that do not fall into these categories can be met through flexible funding.

As noted in the Statewide Assessment, some of the many services that are designed to support family maintenance and reunification include the following: supportive housing for recovering families, family centers to support reunification efforts, specialized foster care, individual and family counseling through the Child Guidance Clinics, intensive aftercare for committed delinquent youth, outreach and tracking for reunification, multi-systemic therapy for youth with high-risk behaviors, intensive family preservation/reunification, parent aide services, therapeutic child care, extended day treatment, crisis counseling (emergency mobile psychiatric services for children), outpatient substance abuse treatment for primary caregivers, outpatient substance abuse treatment for adolescents, respite care for in-home families, intensive visiting for high risk newborns, parent education. DCF also develops and supports a demonstration project on single service delivery model for children/youth with challenging behaviors.

Other services targeted to support of children and youth in out of home care include: Foster and adoptive placement preservation, permanency placement services through private contracts, family recruitment for specialized populations, subsidized guardianship, and a wide array of Independent Living services designed to teach youth life skills in preparation for adult living.

There was general consensus among stakeholders commenting on the issue of service array that DCF has access to a wide range of services to assist children and families. Stakeholders had particularly high praise for the visitation centers, domestic violence programs, the KidCare Initiative, life skills programs offered under the IL program, the Intensive Family Preservation Program, and the Child Guidance Clinics. Stakeholders also indicated that the availability of parent aides is a critical asset for DCF. Another program that received considerable praise from stakeholders was the FAST program, which provides rapid supports to foster families experiencing difficulties dealing with the behavioral or emotional problems of children placed in their care.

Stakeholders also indicated that there are areas in which services are particularly scarce. These included the following:

- Bilingual, bicultural services.
- After hours services.
- Services to adolescents and children with behavioral and mental health issues.
- Psychiatric services, particularly child psychiatric treatment services.
- Dental services.
- Specialized residential services for children with special needs such as fire setters or sex offenders.
- All types of out-of-home placement resources including specialized foster care homes and homes that reflect the population of kids in care.
- Sex offender assessment and treatment services.

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

☐ Strength ☒ Area Needing Improvement

Item 36 was rated as an area needing improvement because the accessibility of services varies considerable across the State and because there are long waiting lists for services in many of the Regions.

According to the Statewide Assessment, services are assessed and developed annually according to a defined utilization review process. Core services are available Statewide. Service gaps and regional needs are identified through the PARA Plan, which also calculates the necessary service slots to meet the needs. The Statewide Assessment notes that for highly effective interventions such as intensive family preservation/reunification, parent aide support and extended day treatment, waiting lists can delay engagement in services. The Statewide Assessment also noted that lack of transportation in rural areas may be an obstacle to service accessibility.

Stakeholders commenting on this issue were in general agreement that there is wide variation in availability of services across the State. Stakeholders in one site included in the onsite review process noted that there is a scarcity of services in their site whereas the demand for services is high because the site is a city with an extremely high poverty level. Stakeholders reported that the services needed but not available in this community include mental health services, substance abuse inpatient treatment services (particularly for mothers and adolescents), child psychologists, residential and group homes, supervised or transitional living options for older youth in foster care, culturally appropriate services for the growing Asian and Portuguese communities, sex offender treatment programs, and treatment programs for children who are "acting out" sexually. Stakeholders in other sites also identified service gaps that were not apparent in other areas of the State, particularly with respect to independent living services.

Although the service array was praised by many stakeholders, there was general consensus that there are long waiting lists for services. Some stakeholders, for example, indicated that although the Intensive Family Preservation Program is highly regarded in the community, it has a 2 to 3-month waiting list. Other stakeholders noted that there are waiting lists of 2 to 3 months for DCF contracted services required in the Court's Service Agreements, including mental health services, substance abuse treatment services, and housing services. There also are waiting lists for domestic violence services, bilingual services of all types, youth mentors, and group homes for boys. Stakeholders noted that it often takes 4 to 6 months to obtain a mental health evaluation for a child, and up to 4 weeks to obtain a child sexual abuse forensic exam. One stakeholder suggested that waiting lists are created in part by social workers making inappropriate referrals for an array of services poorly targeted to families' needs. This stakeholder suggested that better up-front assessments are necessary to ensure appropriate and targeted service referrals.

Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

 X Strength Area Needing Improvement

Item 37 is rated as a Strength because the availability of flexible funds to access services supports agency efforts to individualize services.

According to the Statewide Assessment, the availability of flexible funding enhances DCF’s ability to tailor services to meet the unique needs of children and families. There also was general consensus among stakeholders that DCF has the capability to individualize services for families, particularly through its access to flexible funding. In Juvenile Justice, in particular, there is the capacity to individualize services by bringing in additional providers. However, some stakeholders noted that although flexible funds are available, the requirement of associating a request for those funds with predefined categories has limited the actual flexibility of use of the funds. For example, in one site included in the onsite review, the use of flexible funds was not considered an asset because the service requests usually do not meet the pre-established criteria for accessing the funds.

IX. AGENCY RESPONSIVENESS TO THE COMMUNITY

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2X	3	4

STATUS OF AGENCY RESPONSIVENESS TO THE COMMUNITY

Connecticut is not in substantial conformity with the factor of Agency Responsiveness to the Community. Findings relevant to the specific items assessed for this outcome are presented below.

Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

____ Strength __X__ Area Needing Improvement

Item 38 was rated as an Area Needing Improvement because the State does not consistently engage in ongoing consultation with all relevant community representatives. Specific concerns were noted by stakeholders with regard to the DCF's relationship with the court system.

According to the Statewide Assessment, both Statewide and Regional Advisory Councils (SAC and RAC) guide DCF in its planning and operation. The State Advisory Council on Children and Families is comprised of nine professionals representing a range of child welfare related disciplines. This panel reviews policy, practice, legislation, finances, and programs and makes recommendations directly to the Commissioner. RACs have 21 members drawn from the consumers and providers in individual regions. The RACs provide a forum for the community to bring local concerns to bear on agency policy and practice.

The Statewide Assessment also identified other entities that oversee and influence planning and practice, including the Governor's Task Force on Justice for Abused Children, the Connecticut Alcohol and Drug Policy Council, the Advisory Committee for the Foster Program for Children with Complex Medical Needs, and Youth Advisory Boards. DCF is a primary partner in or sponsor for all of these efforts that bring the expertise and the point of view of stakeholders into the Department's planning process.

As noted in the Statewide Assessment, Connecticut is the home of two Federally recognized tribes, both located in the Eastern Region. Protective service protocols are in place with both the Mashantucket Pequot and the Mohegan Tribal Nations. Regional administrators meet with representatives of the Mohegan Tribe quarterly. A formal memorandum of agreement is in the final stages of approval with the Mashantucket Pequots. According to stakeholders from both tribes and from DCF, the relationships between DCF and the tribes are positive and there is open communication between the tribes and DCF.

Stakeholders commenting on this issue noted that the RACs were very effective in representing the communities. However, stakeholders also noted that the RACs have had a diminished if not nonexistent role in advising or participating in State level DCF planning efforts. These stakeholders noted that DCF's expectation that RACs are to implement plans that they had no part in developing has caused some friction between DCF and providers.

Stakeholders from a wide variety of disciplines including private service providers, police, and school personnel described DCF as accessible and noted that they had positive relationships with the agency. Stakeholders also reported that DCF complies with ICWA and that local tribal representatives attend hearings of tribal children. However, there are no tribal members on the RAC serving the region in which the tribe is located.

Stakeholders reported noticeable improvement in the relationship between DCF, law enforcement, and schools, however the relationship with the courts was reported by many stakeholders to need improvement. In one site, the relationship was noted to be particularly problematic, however stakeholders noted that whatever positive relationships do exist, they are relationships between individuals rather than a relationship between systems.

Stakeholders also noted that although DCF reaches out to mental health and mental retardation agencies, these agencies tend to be fairly unresponsive to meeting the needs of children in DCF custody, even when the children are eligible for services from these agencies. In addition, education agencies at both local and State levels rarely work with DCF and are not involved in the KidCare Initiative.

Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered.

☐ Strength ☒ Area Needing Improvement

Item 39 is rated as an Area Needing Improvement because of the need to engage in more consultation from both the tribes and the broader community in developing the CFSP and APSR.

According to the Statewide Assessment, DCF produces numerous reports describing the state of practice, progress and services delivered at the request of the Court Monitor to assess compliance with the provisions of the Juan F. Consent Decree. DCF's Strategic Planning Division produces the Child and Family Services Plan and the annual updates to the plan. DCF used the Statewide Assessment portion of the CFSR as an opportunity to gauge the effectiveness of Department interface with the community and has decided to link Statewide Assessment process and the State Child and Family Service Plan together on an ongoing basis.

During the onsite review, stakeholders indicated a need for more input into the planning process. In particular, a need was identified to consult with tribes during the planning process. There were indications that progress is being made in this area and that the type of consultation that the State engaged in for the statewide assessment will be carried over into the APSR process.

Item 40. The State’s services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

 X Strength Area Needing Improvement

Item 40 is rated as a Strength because DCF has engaged in extensive coordination with other agencies in developing and implementing the KidCare initiative.

According to the Statewide Assessment, DCF maintains Memoranda of Agreement with public agencies such as the Judicial Branch, the Departments of Social Services, Mental Retardation and Mental Health and Addiction Services. There are additional interagency agreements in place with the Departments of Public Health, Labor, Public Safety, Motor Vehicles and Education among others.

Stakeholders commenting on this issue expressed the opinion that coordination between DCF and the DMR is not highly effective. This is particularly problematic because the lack of a continuum of care raises concerns for those children who are about to transition into the community from foster care, but because of mental retardation concerns, they will not be able to transition to self-sufficient adulthood without assistance from the DMR. Stakeholders also noted, however, that DCF is engaging in extensive coordination with other agencies in implementing the KidCare initiative.

X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3X	4

STATUS OF FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Connecticut is in substantial conformity with the factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Findings relevant to the specific items assessed for this outcome are presented below.

Item 41. The State has implemented standards for foster family homes and childcare institutions, which are reasonably in accord with recommended national standards.

☒ **X** Strength ☐ Area Needing Improvement

Item 41 is rated as a Strength because the State has implemented standards for foster family homes and child care institutions that are in accord with recommended national standards.

According to the Statewide Assessment, Connecticut's standards for foster homes and child care institutions are in accord with nationally recognized guidelines previously described in Section VI, Quality Assurance. Requirements for foster care licensing include thorough background checks of all care providers, including fingerprinting of all family members over the age of 16, limits on capacity, fire/smoke alarms, lead paint and well water testing, disciplinary agreements, health assessments, and evaluations of child care ability and cooperative partnership with DCF. Bi-annual re-licensing procedures include a thorough evaluation of the family's record of service and current situation.

A centrally housed Licensing Unit licenses residential and institutional settings. Regulations governing these settings were developed using JCHAO and COA guidelines. Compliance with all building safety codes and employee background checks are standard. Continuing conformity to licensing standards and assessment of quality of care are monitored by the Program Review and Evaluation Unit. Quarterly site visits are conducted at all facilities and bi-annual licenses are not issued until a facility is in full compliance with all regulations.

Stakeholders commenting on this issue indicated that standards are in place and applied to all homes. However, a few stakeholders noted that when there is an allegation of maltreatment in a foster home, the investigation is not conducted in a respectful manner, the process is not clear, and no support is provided to foster parents during the process.

Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

☒ **X** Strength ☐ Area Needing Improvement

Item 42 is rated as Strength because the standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

According to the Statewide Assessment, standards for licensing and operation are applied by policy and regulation to all substitute care family and institutional settings that serve children and youth in DCF care and custody.

Stakeholders commenting on this issue noted that licenses apply to all homes but the quality of homes varies greatly. In addition, stakeholders noted that foster parents consistently care for more children than their licensed limit, particularly when there is a need to keep siblings together or to accept a child who was previously in their care. Stakeholders also indicated that licensing standards apply to relative caregivers as well as non-relative foster homes.

Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

 X Strength Area Needing Improvement

Item 43 was rated as a Strength because the State complies with Federal requirements.

The Statewide Assessment notes that provisions for ensuring the safety of children in foster and adoptive homes are set in policy and regulations and closely monitored by staff in the Division of Quality Assurance and the Office of Foster and Adoptive Service/Foster and Adoption Services Units within the Department. DCF contracts with the Department of Public Safety to perform criminal background clearances for caretakers. Local and state and FBI checks, including sex offender checks and fingerprinting of all household members over the age of 16 are routine. Fingerprinting is offered to attendees of pre-service PRIDE sessions on site by DPS.

DCF moved to one standard of licensing for all foster caregivers in September 2000. To comply with ASFA guidelines prioritizing kinship care and in order to minimize separation experiences for children, placement with a relative is permitted following the completion of background checks and a home visit to assess safety issues.

DCF strives to maintain high standards for safety while tempering the more invasive and intrusive pre-licensing investigations which can impede resource recruitment.

Stakeholders commenting on this issue noted that criminal background checks are more than adequate.

Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

_____ Strength X Area Needing Improvement

Item 44 is rated as an Area Needing Improvement because stakeholders noted that although there are procedures in place to promote recruitment, it is not clear that they are being implemented on a consistent basis.

According to the Statewide Assessment, data gathered between 1998 and 2001 indicate that Connecticut mirrors the nation in diminishing foster family resources. While the numbers of children in placement have also been dropping, children of color are still over-represented in the foster care population. DCF has prioritized relative care for children needing placement, but acknowledges that more work must be done both in developing kinship as well as non-kin providers.

Nearly 74 percent of the 175 children presently registered with the Adoption Resource exchange are racial or ethnic minorities. Of the 135 families presently awaiting adoption, only 19 percent are racial or ethnic minorities. DCF has refined its contracts with community partners in recruitment in renewed efforts to develop families for foster care and adoption that mirror the population of children in care.

While recruitment for foster and adoptive families has remained stable over the last several years, DCF has lost about 248 foster family homes. Adoption of a child by both relative and non-relative foster providers is increasingly cited as the reason for relinquishing a license. Retention is recognized as an issue, with homes over-capacity and lacking in sufficient support cited as problems. Protocols for investigations of allegations against foster care providers, which do not distinguish between violations of regulatory standards and abuse, are also noted as contributing to the loss of homes.

DCF has responded to the need to recruit more intensively and diversely with a broad array of efforts. A statewide Strategic Marketing and Recruitment Committee has been convened to coordinate recruitment efforts and professionalize marketing materials. Community Collaboratives have been established in each region to engage DCF and local communities in goal driven recruitment efforts. Special Foster and Adoption Unit recruiters hold regular open-house events, often targeting recruitment for special populations. Retention efforts feature DCF/foster family support plans, support groups, support teams, family centers, respite, ongoing contact with foster/adoption specialists, mentoring, health advocacy, health insurance and daycare reimbursement among others.

DCF has funneled Adoption Incentive Grant dollars into the purchase of electronic and print media that focus on strategically developed approaches to promoting the adoption of older Latino children and sibling groups.

Stakeholders commenting on this issue noted that recruitment and retention plans are in place, but that there is a question regarding their implementation. This was a major concern for stakeholders because of the dearth of foster homes, leading to overcapacity of foster homes. There was general consensus that the agency needs to improve its recruitment of families from minority communities and that the One Church, One Child Campaign needs to be reinstated in the State. Stakeholders also noted that a recruitment campaign must be an ongoing effort rather than a one-shot, once-or-twice-a-year, campaign.

Stakeholders also indicated that efforts to support permanency include using adoption registries, placing children on photo listings, and profiling children on Wednesday's Child. Stakeholders identified a need for a mass media campaign to raise awareness of the need for foster and adoptive homes.

In one site included in the CFSR, a community collaborative to recruit more diverse foster homes is working with African American churches and using home parties in the Latino Community to enhance recruitment of both foster and adoptive families. Stakeholders in this site noted that the Hands Hearts and Homes recruitment initiative is effective for recruiting foster homes within the community and building on natural community strengths.

The State office gave \$50,000 to each RO for a recruiting budget.

Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

☒ Strength ☐ Area Needing Improvement

Item 45 is rated as a Strength because the State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

According to the Statewide Assessment, the Central Adoption Resource Exchange (CARE) component of the Office of Foster and Adoption Services has been revitalized and the website is now under the management of the National Adoption Exchange. Since May 2001, the number of children awaiting adoption who are photo-listed has jumped from 12 to 44. Licensed out-of-state families can

register with CARE, and the Department regularly accesses Adoption Rhode Island and the Massachusetts Adoption Resource Exchange. In addition to the website, CARE maintains a printed photo listing of waiting children called the CAREBOOK.

To promote compliance with the cross-jurisdictional requirements of ASFA, the Department also contracts with 14 out-of-state private child-placing agencies that provide permanency placement services. OFAS supports regional efforts to expedite placements by identifying out-of-state providers and negotiating contracts for regional caseworkers. Connecticut's Interstate Compact on the Placement of Children policy is in the process of being revised to offer accurate guidance to caseworkers in the use of interjurisdictional resources. Connecticut is a member of the Interstate Compact on Adoption and Medical Assistance since 1999. In February 2002, Connecticut will have four children featured in Rosie's Magazine of A-List Kids, a publication, which promotes children awaiting adoption nationally.

XI. DETERMINATION OF SUBSTANTIAL CONFORMITY

For each outcome and systemic factor listed below, mark “Y” where the State is determined to be in substantial conformity and “N” where the State is determined not to be in substantial conformity. For each outcome or systemic factor marked “N,” place a check beside the performance indicator, listed by item number in this form, that has been determined to be an area needing improvement.

Outcomes

I. Safety

N Outcome S1

 Item 1

 x Item 2

N Outcome S2

 Item 3

 Item 4

II. Permanency

N Outcome P1

 x Item 5

 x Item 6

 x Item 7

 x Item 8

 x Item 9

 x Item 10

N Outcome P2

 Item 11

 Item 12

 x Item 13

 Item 14

 x Item 15

 Item 16

III. Child and Family Well-Being

N Outcome WB1

 x Item 17

 x Item 18

 Item 19

 x Item 20

Y Outcome WB2

 Item 21

N Outcome WB3

 x Item 22

 x Item 23

Systemic Factors

IV. N Statewide Information System

 x Item 24

V. N Case Review System

 x Item 25

 Item 26

 x Item 27

 x Item 28

 x Item 29

VI. Y Quality Assurance System

 Item 30

 Item 31

VII. Y Training

 Item 32

 Item 33

 Item 34

VIII. Y Service Array

 Item 35

 Item 36

 Item 37

IX. N Agency Responsiveness to the Community

 x Item 38

 x Item 39

 Item 40

X. Y Foster and Adoptive Parent Licensing, Recruitment, and Retention

 Item 41

 Item 42

 Item 43

 Item 44

 Item 45